

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

01/16/2013

John Griffith Chemical Waste Management, Inc PO Box 55 Emelle, AL 35459-0055

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 **36964 Alabama HWY 17**, **EMELLE**, **AL 35459** has been registered through **March 1**, **2014** with the following status:

Facility ID # ALD000622464

Transporter of Universal Waste Lamps and Devices

The registration form for the year **2014** 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 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 by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist Waste Reduction 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 FDBP Official Use Only)

| Name of Operator: Chemical Waste Management, Inc. State: AL Zip Code: 354 |
|--|
| Business Name Chemical Waste Management, Inc. 3 6 2 9 8 9 1 3 Facility Operator (List additional Operators in the comments section). Street or P.O. Box: City or Town: Emelle Operator Type: Physical Street Address: City or Town: Emelle Operator Type: Physical Street Address: City or Town: Emelle State: AL Zip Code: 354 Operator Type: A Facility Physical Location Information Information City or Town: Emelle County: Cunty: Cunty |
| (List additional Operators in the comments section). Street or P.O. Box: P.O. Box 55 City or Town: Emelle Operator Type: Physical Street Address: Location Information City or Town: Emelle County: Emelle State: AL Zip Code: 354 Other 4. Facility Physical Location Information City or Town: Emelle County: Sumter Latitude: Latitude: Latitude: Latitude: Latitude: Classification System (NAICS) A- Society or Town: Longitude: Longitude: Longitude: Longitude: Longitude: Longitude: Longitude: D. B. B. Classification System (NAICS) |
| City or Town: Emelle State: AL Zip Code: 354 Operator Type: Private Federal Municipal State Other 4. Facility Physical Location Information City or Town: Emelle State: AL Zip Code: 354 City or Town: Emelle State: AL Zip Code: 354 County: Sumter If available, please attach a map or sketch of the fact boundaries. Latitude: Latitude: Longitude: Method: |
| Operator Type: Private Federal Municipal State Other 4. Facility Physical Location Information City or Town: Emelle State: AL Zip Code: 354 County: Sumter If available, please attach a map or sketch of the fact boundaries. Latitude: |
| 4. Facility Physical Location Information City or Town: Emelle County: Sumter County: Latitude: d d m m s s . ssss d d m m s s . ssss Datum: 5. Facility North American Industry Classification System (NAICS) Physical Street Address: State: AL Zip Code: 354 If available, please attach a map or sketch of the fact boundaries. Longitude: Longitude: Longitude: Longitude: B. County: B. County: State: AL Zip Code: 354 Longitude: B. County: B. County: County: State: AL Zip Code: 354 AL Zip Code: 354 B. County: State: AL Zip Code: 354 B. County: County: State: AL Zip Code: 354 B. County: D. |
| Location Information City or Town: Emelle County: State: AL Zip Code: 354 County: Sumter Latitude: |
| Information City or Town: Emelle County: Sumter If available, please attach a map or sketch of the fact boundaries. Latitude: |
| Latitude: Longitude: Method: d d m m s s . ssss d d m m s s . ssss Datum: 5. Facility North American Industry Classification System (NAICS) C. D. |
| d d m m s s . ssss d d m m s s . ssss Datum: 5. Facility North American Industry Classification System (NAICS) C. D. |
| Classification System (NAICS) |
| |
| 6. Facility or Street Address or P.O. Box: P.O. Box 55 |
| Business Mailing Address City or Town: Emelle State: AL Zip Code: 3545 |
| 7. Facility or First Name: John Last Name: Griffith Title: Transporta |
| Person Phone Number: 205-652-8136 Extension: E-Mail: jgriffit@wm.com |
| Street or P.O. Box: P.O. Box 55 |
| City on The Code |
| City or Town: Emelle State: AL Zip Code: 354 |
| 8. Real Property (Land) Owner Of the Facility's Name of Real Property (Land) Owner: Chemical Waste Management, Inc Date became Owner: mm dd yy |
| 8. Real Property Name of Real Property (Land) Owner: New Owner Chemical Waste Management, Inc Date became Owner: / / |
| 8. Real Property (Land) Owner of the Facility's Physical Location Name of Real Property (Land) Owner: Chemical Waste Management, Inc mm dd yy Physical Location Street or P.O. Box: Date became Owner: mm dd yy Phone Number: 205-652 |

| | | EPA ID No. | ALD000622464 | |
|---|--|---|--|--------------------------|
| D. Type of Regulated Waste Activity (Mark | k 'X' in all that apply): | • | | |
| A. Hazardous Waste Activities: | | | mark 'X' in all that apply. | |
| (1) Generator of Hazardous Waste (Choose only one of the following three categorie ■ a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 king greater per month (kg/mo) (2,200 lbs.) of hazardous waste; or Greater than 1 kg (2. of acute hazardous waste | s.) lograms or non-acute | (at your facility) may be required a. Operatin b. Operatir c. Non-ope | Poisposer of Hazardous Waste Note: A hazardous waste permit for this activity. In Commercial TSD In Non-commercial TSD In Strating: Postclosure or Corrective Act or Consent Order (HSWA, etc.) | ction |
| b. Small Quantity Generator (SQG): Generates in any calendar month greater t 100kg/mo but less than 1,000 kg/mo (>22 lbs.) of non-acute hazardous waste and/o (2.2 lbs) or less of acute hazardous waste | han (4) (4) (1) to <2,200 (4) (2) | Specify: Comn A permit is require Exempt Boiler a. Small (| zardous Waste (at your facility) nercial; Non-Commercial. ed for storage prior to recycling. and/or Industrial Furnace Quantity On-site Burner Exemption ng, Melting, and Refining Furnace E. | xemption |
| C. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/s (220 lbs.) of non-acute hazardous wastes (2.2 lbs) or less of acute hazardous wastes | no or less and 1 kg | Generated at Cactivity ONLY | rized to Manage Conditionally Exection Other Facilities - Choose this manage if you attach EITHER a copy of you zation OR the authorization you reco | gement or application |
| In addition, indicate other generator activities d. United States Importer of hazardous wast e. Mixed Waste (hazardous and radioactive) Generator | te (6) | - | Injection Control - Mark an 'X' ur facility does not receive hazardou | |
| (7) Transporter of Hazardous Waste [Note: Registration must be renewed annually. | | | | .] |
| c. Hazardous Waste Transporter Insuran Insurance Company Address | nce Information ACE American Ins 436 Walnut S | | ny | |
| Philadelphia, Pennsylvania, 19106 | | | (712) 450 5267 | |
| Contact Shala Gallagher Policy Number MMT H08712293 | | oneation date | (713) 458-5367 01-01-2014 | |
| d. Transportation Mode Air Rai | l ⊠ Highway □ Wate | r 🔲 Other - sp | ecify | _ |
| e. Hazardous Waste Transfer Facilit | y: | Storage | Volume | |
| Initial notification The following items are required to Florida Administrative Code (F.A.C.) Certification by a responsible corpo criteria of Section 403.7211(2), Fl. Evidence of the transporter's finance. A brief general description of the transporter plan [A copy of the facility closure plan [A copy of the contingency and eme has portaged and the contingency and the transfer facility closure plan [Notification of changes in above the contingency and | .)]: rate officer of the transported Statutes (F.S.) [Rule of the responsibility [Rule of the transported from the facility operations [Rule 62-730.171(3)(a)5] rgency plan [Rule 62-730.171(3)(a)5] | porter that the properties of | roposed location satisfies the B)(a)1., F.A.C.])3., F.A.C.] 171(3)(a)4., F.A.C.] | 171(3), |
| Annual apaate notification | | | | |

| | | | | | | EPA ID No. | ALD00062 | 22464 | |
|---|--|-------------------------|--|---|-------------------------|-----------------------|---|----------------|--|
| B. Universal | Waste (UW) | Activities (| Mark 'X' in | all that apply) (| "accumula | ted" means at an | y one time): | | |
| Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of | | | | of any combination of UW accumulated | | | | | |
| Small Quantity Handler (SQH) = always less than 5,000 kg accur | | | | umulated | | | | | |
| | | | | | | = | r | | |
| Mercu | Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamp | | | | | e accumulated by | for-hire handler | ! | |
| Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp | | | | | nps) accumu | T 1 | | | |
| [Note: 4 lamps = 1 kg, $62-737.200(10)$] | | | | | - / | · | | | |
| Pharm | Pharmaceuticals LQH = 5,000 kg or more of universal pharmace | | | | | e (UPW) accumul | lated | | |
| Pharm | naceuticals LQH | I = more tha | n 1 kg (2.2 ll | o) of acutely haza | rdous ("P-li | sted") pharmaceut | tical waste accumulated | | |
| ∑ Pharm | naceuticals SQH | l = always le | ess than 5,000 | 0 kg of UPW and | always 1 kg | g or less of acutely | hazardous UPW accumu | ulated | |
| (1) For those N | Managing | Generate/ Accumulate | Transport (see note in instructions) | Handle at Transfer Facility | 1, , | • | the maximum amount (or transported at any o | • • / | |
| a. Batteries | | | | | 30,000 | | | | |
| b. Pesticides | | | | | | 3,000 | | Ī | |
| c. Pharmaceuticals | | | | | | < 1,000 | | j | |
| d. Mercury Conta | aining Devices | | \square | | | 10,000 | | <u></u> | |
| e. Mercury Conta | aining Lamps | | | | | 9,000 | | Ī | |
| (3) Mercury R [Chapter 62-73 | Recovery and/or 37, F.A.C.] | Reclamati | on Facility | | Note: A haza F.A.C.] | rdous waste permit is | required for this activity. [Rule | 62-737.800, | |
| (4) Reverse Dis | stributor of UV | v 🗆 | | Pharmaceuticals | | Lamps | Devices | | |
| (5) Destination | n Facility for U | w 🗆 | _ | Note: for this activ | | must treat, dispose | or recycle a UW. A permit i | s required for | |
| C. Used Oil A | Activities: | | | | (8) Specific | Certification to be | signed by all Used Oil Tra | ansporters | |
| (1) Used Oil Transporter - indicate type(s) of activity(ies): | | | | 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 | | | | | |
| a. Hansporter | | | | | | | | | |
| D. Transfer racinty | | | | | | | | | |
| (3) Used Oil Processor (A permit is required for this activity.) | | | demonstrated by the attached Used Oil Transporter Certificate of | | | | | | |
| (4) Off-Specification Used Oil Burner | | | Liability In: | surance, DEP form | 62-710.901(4), F.A.C. | ï | | | |
| | sed Oil Fuel Ma | ırketer | | | Ì | | | | |
| 1 `´ | oil Filter a. Transporter | | | | | | | | |
| b. Transfer Facility | | | Signature o | f Authorized Persor | 1 | | | | |
| i | c. Processor | · | | | | | | ï | |
| | d. End User | | | | Print Name | of Authorized Pers | on | | |
| (7) Hood Oil Te | ransporters, Tra | mafan Es ailit | ion Callagtic | on Contons Off | | | | | |
| | Burners and Mar | | | | | | | | |
| registration fee | . Used Oil Proc | essors are ex | cempt from t | his fee. If | (9) The re | cords required und | der the provisions of Rule | e 62-710.510, | |
| applicable, enclose a check or money order, in the amount of \$100, | | | F.A.C., are | e kept at (check or | ne): | | | | |
| payable to Florida Department of Environmental Protection. | | | | ☐ our mailing (business) address ☐ The site (facility) address | | | | | |
| A check is enclosed. | | | | | I I IIE SI | | | | |

| | | | | | EPA ID No. | ALDOOD | 622464 | |
|--|---|---|---|--|---|---|---|--|
| D. Othe | er State R | egulated Waste A | ctivities: | Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity. | | | | |
| your fac | ility. List | them in the order the | ney are presented in | n the regulations (| e.g., D001, D003, | | cardous wastes handled at are needed. | |
| , D | 002 | ² D004 | ³ D006 | ⁴ D008 | ⁵ F001 | ⁶ F002 | ⁷ F005 | |
| 8 F | 006 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | | 16 | 17 | 18 | 19 | 20 | 21 | |
| 22 | | 23 | 24 | 25 | 26 | 27 | 28 | |
| 11. Ot | her Statu | s Changes (Mai | k 'X' in all that a | pply): | | | | |
| | (1) Bus (2) Was | er of Regulated Winess no longer gente generated by buser (explain) | erates, transports, t siness has been deli | treats, stores, or di | sposes of hazardo | | | |
| B. Fa | be (2) Out add Contact Address | sed at this location a handling regulated of Business - Business, and phone num | waste there. ness closed on mber where you ca | n be reached after | (Date). | Please provide a con | new location if you will tact person, mailing | |
| | C. Pro | perty Tax Default | | ☐ D. Petitio | n for Bankruptcy | Protection | | |
| in accor informa for subn facility, | dance with tion subminitting fals I am awar | n a system designed tted is, to the best of the information, include | to assure that qual of my knowledge a uding the possibilit ities must comply v | lified personnel prond belief, true, accept of fine and improve the the requirement. | operly gather and curate, and comple risonment for know | evaluate the informate. I am aware that the ving violations. If I 0.171, FAC, and Rul | here are significant penalties have notified as a transfer | |
| Joel | المحر ب | Juffrith | | JOHN GIT | WEITH T | NAW COORD | 01/07/2013 | |
| (Name | | completing this for | | ty Contact or Op (Phone Number) | | (E-mail Address) | | |