



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

02/18/2013

William Parkes, Manager Reg Affairs

Cliff Berry Inc - Miami Terminal

PO Box 13079

Fort Lauderdale, FL 33316-0100

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 **Cliff Berry Inc - Miami Terminal** located at **3033 NW North River Dr, Miami , FL33142-6304**

FLD058560699

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG; Universal Waste Battery Transporter, Universal Pharmaceutical Transporter; Petroleum Contact Water Management.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2014); HW Transporter, HW Transfer Facility (reg exp on 12/31/2013) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013); Used Oil Filter Processor (reg exp on 06/30/2013).**

Your facility is **currently permitted/active** as: **Used Oil Processor (exp on 02/12/2013).**

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:

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD058560699.

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

Sincerely,

FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 51668 , Email Address: bparkes@cliffberryinc.com



**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
DEC 21 2012

EPA ID **F L D 0 5 8 5 6 0 6 9 9**

MTS

RCRA/HHS

**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**

Cliff Berry, Inc. - Miami Facility

FEID No.

6 5 0 5 1 1 1 1 4

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

Name of Operator:

Cliff Berry, Inc. (CBI)

☐ New Operator

Date became Operator: ____/____/1993
mm dd yy

Street or P.O. Box:

P.O. Box 13079

Phone Number:

(954) 763-3390

City or Town:

Fort Lauderdale

State: FL

Zip Code:

33316

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

3033 N.W. North River Drive

City or Town:

Miami

State: FL

Zip Code:

33142

County:

Miami-Dade

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

Latitude: **2 5**

4 7

4 8 N

Longitude: **8 0**

1 4

4 2 W

Method:

dd mm ss.ssss

dd mm ss.ssss

Datum:

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

A.

562219

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State: FL

Zip Code:

33316

**7. Facility or
Business Contact
Person**

First Name:

William

Last Name:

Parkes, Jr.

Title:

Mgr Reg Affairs

Phone Number:

(954) 763-3390

Extension:

1005

E-Mail:

bparkes@cliffberryinc.com

Street or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State: FL

Zip Code:

33316

**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:

Cliff Berry, Inc. (CBI)

☐ New Owner

Date became Owner: ____/____/1993
mm dd yy

Street or P.O. Box:

P.O. Box 13079

Phone Number: (954) 763-3390

City or Town:

Fort Lauderdale

State: FL

Zip Code:

33316

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

A. Hazardous Waste Activities:

(Choose only one of the following three categories.)

- In addition, indicate other generator activities that apply.**

- For Items 2 through 7, mark 'X' in all that apply.**

(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.)

Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

(6) ☐ **Underground Injection Control** - Mark an 'X' even if the
UIC well at your facility does not receive hazardous waste.

Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

Insurance Company **New Hampshire Insurance Company**

Address 175 Water Street, 18th Floor, New York, NY 10038

Contact _____	Telephone _____
Policy Number CA1932175	Expiration date 12-31-2013

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 145 Drums

- ☐ **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 checked="" type="checkbox"/>	<input type="checkbox"/>	10,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000

(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

Cliff Berry, II

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.

FLD058560699

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 See	10 Atta	11 ched	12 Shee	13 t	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)

Cliff Berry, II, President

12/18/2012

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

William E. Parkes, Jr.

(954) 763-3390

bparkes@cliffberryinc.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Note: CBI uses SIC Code 1799 for the OSHA 300 Logs