

February 5, 1986

Mr. Larry VanDooren
Vice President
Ross Resource Recovery Inc.
Post Office Box 523605
Miami, Florida 33152

Dear Mr. VanDooren:

The Hazardous Waste Management Program has reviewed your application for a hazardous waste EPA I.D. Number as a specification used oil fuel marketer. Based on the information received you have been issued the following identification number for the facility located at 3670 SW 47 Avenue, Davie, FL:

FLD 981 018 773.

Florida Administrative Code Rule 17-30 requires all generators of hazardous waste and all hazardous waste treatment, storage, or disposal facilities to file an annual report of their hazardous waste activities with the DER. You are required to comply with this rule concerning the filing of an annual report by March 1 for the preceding calendar year. Additionally, all hazardous waste generators and facilities that are not subject to the annual report requirement but maintain an EPA/DER identification number are required to verify their status annually. This includes small quantity generators, generators that beneficially reuse or recycle all their waste, or generators and facilities either not handling waste during the reporting year or qualifying for another exemption. The annual report forms will be sent by the Department to the contact person at the address identified on the notification form.

If any of the information on the Hazardous Waste Activity form changes, please notify us in writing at the letterhead address. If I can be of further assistance, please call 904/488-0300.

Sincerely,

M.S.

Maybin Simfukwe
Hazardous Waste Section

MS/lis

cc: ✓ Jeff Tobergte - DER/West Palm Beach



Notification of Hazardous Waste Activity

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

For Official Use Only

Comments

C
C

JAN 9

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

Broward-011

C
F

FLD 96-101-8773

T/A C
1EA, SOLID WASTE
860110

I. Name of Installation

ROSS RESOURCE RECOVERY INC.

II. Installation Mailing Address

Street or P.O. Box

C
3

P.O. BOX 523605

City or Town

State

ZIP Code

C
4

MIAMI

FL 33152

III. Location of Installation

Street or Route Number

C
5

3670 SW 47 AVE

City or Town

State

ZIP Code

C
6

DAVIE

FL 33314

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

VANDOREN LARRY VP.

3058854545

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

CRAMER MAURER

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☒ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

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Hazardous Waste

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☒ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID —		Official Use Only	
C		T/A	C
W			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

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

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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.

Signature

Name and Official Title (type or print)

Date Signed

[Signature]

Vice President

1-7-86