

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Herschel T. Vinyard Jr. Secretary

04/16/2013 Gerry McCormick, Operation Manager Diversified Environmental Services Inc 1201 N 22nd St Tampa, FL 33605-5314

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 **Diversified Environmental Services Inc** located at **1201 N 22nd St # 200, Tampa**, **FL33605-5314** 

## FLD984183566

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste.

Your facility is **currently registered** for the following activities: **HW Transporter** (reg exp on 11/30/2014); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter (reg exp on 06/30/2014).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLD984183566. For further assistance, please contact me at (850) 245-8749 or email at <a href="mailto:Glen.Perrigan@dep.state.fl.us">Glen.Perrigan@dep.state.fl.us</a>.

Sincerely,

Glen Perrigan

**Environmental Manager** 

Hazardous Waste Regulation Section

Lier M Jun

ME ID: 49178, Email Address: desdmtgerry@gmail.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)

			6	71 <b>%</b>					
EPA ID F L D	9 8 4 1 8	3 5 6 6	MTS L		<u></u>	RCRAI	nfo		
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	Diversified Environmental Services Inc.  FEID No.  5 9 3 0 5 5 4 3								
3. Facility Operator (List additional Operators in the	Name of Operator: Diversified Environmental Services Inc.				New Operator  Date became Operator: 06 / 01 / 93  mm dd yy				
comments section).	Street or P.O. Box	PO E	3ox 5357	Phone Number: 813-248-3256					
i .	City or Town: Tampa				FL	Zip Code:	33675		
	Operator Type: Private Federal Municipal State Other								
4. Facility Physical Location	Physical Street Address: 1201 North 22nd St.								
Information	City or Town: Tampa			State:	FL	Zip Code:	33605		
	County: Hillsborough If available, ple boundaries.				ase attach a map or sketch of the facility				
	Latitude:  2 7  5   .3479  Longitude:  8 2  4 6  .0828  Method:   d								
5. Facility North Am Classification Syst Code(s)	· · · · · · · · · · · · · · · · · · ·	A. 2213 c.	10	B. D.		V141P.			
6. Facility or	Street Address or P.O. Box: PO Box 5357								
Business Mailing Address	City or Town:	Tampa		State:	FL	Zip Code:	33675		
7. Facility or Business Contact Person	First Name:	Gerry	Last Name: Mo	Cormi	ck	Title: Ops	. Manager		
	Phone Number:	813-248-3256	Extension:	E-Mail:	de	esdmtgerry@	gmail.com		
	Street or P.O. Box: 1201 N 22nd St								
	City or Town: Tampa			State:	FL	Zip Code:	33605		
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner:  Diversified Environmental Services Inc.			New Owner Date became Owner: 06 / 01 / 93 mm dd yy					
Physical Location (List additional	Street or P.O. Box: 1201 N 22nd St				Phone Number: 813-248-3256				
real property owners in the comments	City or Town: Tampa			State:	FL	Zip Code:	33605		
section.)	Owner Type: Private Federal Municipal State Other								

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at apply):
For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste
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.
waste only  b. For commercial purposes  on  1325666  Telephone 727-360-6092
Expiration date ////  Water Other - specify
Storage Volume  ith the initial notification for a transfer facility [Rule 62-730.171(3),  the transporter that the proposed location satisfies the  F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]  by [Rule 62-730.171(3)(a)3., F.A.C.]  pererations [Rule 62-730.171(3)(a)4., F.A.C.]  11(3)(a)5., F.A.C.]  ule 62-730.171(3)(a)6., F.A.C.]  0.171(3)(a)7., F.A.C.]
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	EPA ID No. FLD984183566							
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: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$ ]								
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceuticals	eutical waste (UPW) accumulated							
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	rdous ("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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.							
a. Batteries								
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing Devices								
e. Mercury Containing Lamps								
(3) Mercury Recovery and/or Reclamation Facility  [Chapter 62-737, F.A.C.]  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]								
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices							
(5) Destination Facility for UW  Note: for this activity storage prior to recommendations.	ty, a facility must treat, dispose or recycle a UW. A permit is required for ycling.							
-, -, -, -, -, -, -, -, -, -, -, -, -, -	8) Specific Certification to be signed by all Used Oil Transporters							
<ul><li>(1) Used Oil Transporter - indicate type(s) of activity(ies):</li><li></li></ul>	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,							
<ul><li>∠ a. Transporter</li><li>∠ b. Transfer Facility</li></ul>	current and being adhered to. If any modifications have been made to the							
(2)  Collection Center	orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is							
(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 (5) ☐ Used Oil Fuel Marketer	Liability Insurance, DEP form 62-710.901(4), F.A.C.							
(6) Used Oil Filter	1,111							
	Signature of Authorized Person							
<b>b.</b> Transfer Facility	Gerry McCormick Jr.							
<ul><li>□ c. Processor</li><li>□ d. End User</li></ul>	Print Name of Authorized Person							
(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	(0) The manufacturing of the second control							
applicable, enclose a check or money order, in the amount of \$100,	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):							
payable to Florida Department of Environmental Protection.	Our mailing (business) address							
A check is enclosed.	☐ The site (facility) address							

				EPA ID No.	FLD984183566			
D. Oth	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.							
your fac	aste Codes for Federally cility. List them in the order to bus waste transporters list code	they are presented in	n the regulations (e	.g., D001, D003, F	007, U112).			
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. Ot	her Status Changes (Man	rk 'X' in all that a	pply):	VF - 44 (F - 1	<u>.                                    </u>			
B. Fa	(1) Business no longer ger (2) Waste generated by bu (3) Other (explain)  acility Closed (1) Closed at this location be handling regulated (2) Out of Business - Business	and moved or movel waste there.	ving to another - su	bmit a new Form 8	700-12FL for the n			
	address, and phone nu							
	Contact		Phone					
	City, State, Zip	-	T					
	C. Property Tax Default		☐ D. Petition for Bankruptcy Protection					
in accordinformate for subn	ertification: I certify under dance with a system designed tion submitted is, to the best on itting false information, incl. I am aware that transfer facil	d to assure that qual of my knowledge as uding the possibilit	lified personnel pro nd belief, true, accu y of fine and impris	perly gather and evarate, and complete sonment for knowing	valuate the informate. I am aware that the agree it also in a violations. If I had a violations.	tion submitted. The nere are significant penalties have notified as a transfer		
Signat	ure of owner, operator, o representative		Pr	int Name and Ti	itle	Date Signed (mm-dd-yyyy)		
1111111		/	Gerry McCormick Jr. Operations Manage					
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If the p	person who filled in this form		cy Contact or Open 813-248-3	-		on below: /@gmail.com		
(Name o	Name of person completing this form) (Phone Number) (E-mail Address)							
13. Co	omments:							