

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 Marine Tech Inc 2531 Causeway Blvd Tampa, FL 33619-5314

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 Marine Tech Inc** located at **2531 Causeway Blvd**, **Tampa**, **FL33619-5151**

FLD984182733

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

Your facility is **currently registered** for the following activities: **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: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984182733</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

River M Shim

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 40523 , Email Address: desdmtgerry@gmail.com

FLORIDA EPA ID FLD	RH DEP V	2FL - FLORIDA NOTCGULATED WASTE Vaste Management DivisionBlair Stone Rd. Tallahassee (850) 245-8772273	ACTIVITY HWRS, MS4560 c, FL 32399-2400	FEB Z		Date Re for FDEP Off	icial Use Only)	
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). X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: X orrect box: <td< th=""></td<>							
2. Facility or Business Name	Diversified Marine Tech					0896		
3. Facility Operator (List additional Operators in the	Name of Operator: Diversified Environmental Services Inc.			New Operator Date became Operator: 06 / 01 / 88 mm dd yy				
comments section).	Street or P.O. Box: 1201 N 22nd St			_	Phon	e Number: {	813-248-3256	
	City or Town:	l	State:	FL	Zip Code:			
	Operator Type: Private Federal Municipal State Other							
4. Facility Physical Location	Physical Street Address: 2531 Causeway Blvd							
Information	City or Town:	Tampa		State:	FL	Zip Code:	33619	
	County: HillsborowsL		If available, please attach a map or sketch of the facility boundaries.					
	Latitude: 27 93.5934 Longitude: 82 43.0828 Method: dd mm ss.sss dd mm ss.sss Datum:							
5. Facility North Am	•	A. 2213	10	В.				
Classification Syst Code(s)	c.		D.					
6. Facility or	Street Address or P.O. Box: PO Box 5706							
Business Mailing Address	City or Town:	Tampa		State:	FL	Zip Code:	33675	
7. Facility or Business Contact Person	First Name:	Gerry	Last Name: Mc	Cormi	ck	Title: Ops	. Manager	
	Phone Number:	813-248-3256	Extension:	E-Mail: desdmtgerry@gmail.com				
	Street or P.O. Box: 2531 Causeway Blvd							
	City or Town:	Tampa		State:	FL	Zip Code:	33619	
(Land) Owner of the Facility's Physical Location (List additional	Name of Real Property (Land) Owner: Tampa Port Authority			New Owner Date became Owner: / / / mm dd yy				
	Street or P.O. Box: 1101 Channelside Dr.				Phone	e Number: 8	00-741-2297	
	City or Town:	Tampa		State:	FL	Zip Code:	33602	
section.)	Owner Type:	Private 🗌 Federal 🛛	Municipal 🛛 Sta	te 🗌 (Other	······································		

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

na na 2010 an 1940. An 1940 - An 1940 - An 1940	EPA ID No. FLD984167833			
9. Type of Regulated Waste Activity (Mark 'X' in all th	at apply):			
 A. Hazardous Waste Activities: (1) Generator of Hazardous Waste (Choose only one of the following three categories.) a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute 	 For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity. a. Operating Commercial TSD b. Operating Non-commercial TSD 			
 hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) 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 			
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 (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. 			
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	 (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste. 			
 (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company <u>Chartis Specialty</u> Address <u>175</u> <u>Matter SA</u> <u>New York</u> <u>NY</u> 	n waste only 🖾 b. For commercial purposes			
Contact <u>Petrok</u> Hissins Policy Number <u>PLS</u> 17610:118				
	Water Other - specify			
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.]			
A copy of the contingency and emergency plan [R A map or maps of the transfer facility [Rule 62-73 Notification of changes in above items Annual update notification				

	EPA ID No. FLD984167833						
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							
$\square Small Quantity Handler (SQH) = always less than 5,000 kg accu$	umulated						
Mercury-containing devices $LQH = 100 \text{ kg} (220 \text{ lb})$ or more ac	cumulated by for-hire handler						
Mercury-containing devices SQH = less than 100 kg accumulate							
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 pharmace	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 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	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	ity, a facility must treat, dispose or recycle a UW. A permit is required for ycling.						
C. Used Oil Activities:	(8) Specific Certification to be signed by all Used Oil Transporters						
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial						
 a. Transporter b. Transfer Facility 	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						
(2) Collection Center	orginally approved training program, they are explained in attachments to						
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of						
(4) 🗌 Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer							
(6) Used Oil Filter a. Transporter	1gn Muly						
b. Transfer Facility	Signature of Authorized Person						
c. Processor	Gerry K. McCormick Jr.						
d. End User	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	(9) The records required under the provisions of Rule 62-710.510,						
applicable, enclose a check or money order, in the amount of \$100,	F.A.C., are kept at (check one):						
payable to Florida Department of Environmental Protection.	 Our mailing (business) address The site (facility) address 						
	ine she (lacinty) address						

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	EP	A ID No. FLD9	84167833					
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 10	11 12	13	14					
15 16 17	18 19	20	21					
22 23 24	25 26	27	28					
11. Other Status Changes (Mark 'X' in all tha	at 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. ContactPhone								
facility, I am aware that transfer facilities must comp Signature of owner, operator, or an authoriz representative		Date Signed (mm-dd-yyyy)						
A.A.C.	Gerry McCormick	Gerry McCormick Jr. Operations Manager						
-10 - y								
If the person who filled in this form is not the Fac	cility Contact or Operator,							
Gerry McCormick Jr.	@gmail.com							
(Name of person completing this form)	(Phone Number)	(E-mail Address)						
13. Comments:								

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