

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

05/06/2013 John Wyluda, Compliance Coordinator Triumvirate Environmental Florida Inc 3670 SW 47th Ave Davie, FL 33314-2830

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 Triumvirate Environmental Florida Inc located at 3670 SW 47th Ave #109, Davie, FL33314

FLD981018773

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Conditionally Exempt SQG; Small Quantity Handler, 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 Transfer Facility, UW Device Transfer Facility (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 06/30/2014); Used Oil Filter Processor (reg exp on 06/30/2014).

Your facility is currently permitted/active as: Used Oil Processor (exp on 11/19/2012).

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=FLD981018773. For further assistance, please contact me at (850) 245-8749 or email at _Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

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ME ID: 50649 , Email Address: jwyluda@triumvirate.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

	ate Receive	:d.::!!!!!!!!!!!!b:
(for FDF	P Official U	Ise Only)

EPA ID F L D	9 8 1 0 1	8 7 7 3	MTS		RCRAInfo			
	Mark 'X' in conrect box:	waste, universal wa To provide subseque information).	ste, or used oil activit	ies). update status	Number for hazardous and facility identification acility?			
2. Facility or Business Name	241AA				IID No. 5 9 2 4 8 0 3 7 7			
3. Facility Operator (List additional Operators in the	Name of Operator: Triumvirate Environmental (Florida) Inc.,			New Operator Date became Operator: 8 / 12 / 2011 mm dd yy				
comments section).	Street or P.O. Box: 3670 SW 47th Ave				Phone Number: 954-583-3795			
	City or Town:	Davie		State: FL	Zip Code: 33314			
	Operator Type: ☑ Private ☐ Federal ☐ Municipal ☐ State ☐ Other							
4. Facility Physical Location Information	Physical Street Address: 3670 SW 47th Ave							
	City or Town:	Davie		State: FL	Zip Code: 33314			
	County:		ease attach a map or sketch of the facility					
·	Latitude: 2 8 2 4 3 4. 6 Longitude: 8 0 1 2 3 7. Method: d							
5. Facility North American Industry Classification System (NAICS) Code(s)		c. 5621		B. 562112 D.				
6. Facility or	Street Address or P.O. Box: 3701 SW 47th Ave #109							
Business Mailing Address	City or Town:	Davie		State: FL	Zip Code: 33314			
7. Facility or Business Contact	First Name:	John	Last Name:	Vyluda	Title: Compliance			
	Phone Number:	954-583-3795	Extension:	E-Mail: jwyluda@triumvirate.com				
	Street or P.O. Box: 3701 SW 47th Ave Suite 109							
	City or Town: Davie			State: FL Zip Code:				
8. Real Property (Land) Owner of the Facility's	·	perty (Land) Owner:		New Ow Date becam	vner ne Owner:// mm dd yy			
Physical Location (List additional	Street or P.O. Box	•	Ph	Phone Number:				
•	City or Town:		State:	Zip Code: 33314				
section.)	Owner Type: Private Federal Municipal State Other							

	EPA ID No. FLD981018773
D. Type of Regulated Waste Activity (Mark 'X' in all tha	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 hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of 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 non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste	(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 non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute 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 Information Insurance Company See Company	waste only b. For commercial purposes
Contact Policy Number d. Transportation Mode	Telephone Expiration date Other - specify
Florida Administrative Code (F.A.C.)]:	ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.]

	EPA ID No. FLD981018773				
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 Small Quantity Handler (SQH) = always less than 5,000 kg accu					
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 lam	ps) or more 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 pharmace	eutical waste (UPW) accumulated				
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated				
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	· · · · · · · · · · · · · · · · · · ·				
					
(1) For those Managing Generate/ Accumulate Generate/ (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	<1,100				
b. Pesticides					
c. Pharmaceuticals	<1,100				
d. Mercury Containing Devices	<1,100				
e. Mercury Containing Lamps	<1,100				
(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 recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for yeling.				
C. Used Oil Activities: (1) Used Oil Transporter - indicate type(s) of activity(ies): \(\times \) a. Transporter \(\times \) b. Transfer Facility (2) \(\times \) Collection Center (3) \(\times \) Used Oil Processor (A permit is required for this activity.) (4) \(\times \) Off-Specification Used Oil Burner (5) \(\times \) Used Oil Fuel Marketer (6) Used Oil Filter \(\times \) a. Transporter \(\times \) b. Transfer Facility \(\times \) c. Processor \(\times \) d. End User	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 Tanks F. Green 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 applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. A check is enclosed.	(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				

					EP	PA ID No.	FLD9	981018773
D. Other State R	Regulated Waste A	Activities:					W) Handler [Cha may be required	apter 62-740, F.A.C.] for this activity.
your facility. List	them in the order	Regulated Hazar they are presented in des routinely or usua	n the	regulations (e.g., [0001, D003, F0	07, U112).	zardous wastes handled at are needed.
[/] D001	² D002	³ D008	1	D010	5	F001	⁶ F002	⁷ F003
⁸ F005	⁹ D035	¹⁰ D007	11	D003	12	D006	D039	¹⁴ D011
¹⁵ P012	¹⁶ P075	¹⁷ P001	18	U035	19	U058	²⁰ U059	²¹ U123
²² U010	23	24	25		26		27	28
11. Other Statu	ıs Changes (Ma	rk 'X' in all that a	pply)	•				
☐ (1) Bus ☐ (2) Was	iness no longer generated by butter (explain)	Vaste at This Facili nerates, transports, t usiness has been deli	treats,		-			
be (2) Out add Contact Address	handling regulated of Business - Business, and phone nu		n be r	reached after _Phone	closin	(Date). Ple	ase provide a con	new location if you will tact person, mailing
C. Pro	perty Tax Defaul	t		D. Petitio	n for	Bankruptcy Pi	rotection	
in accordance with information submi for submitting fals facility, I am awar	n a system designed itted is, to the best se information, include that transfer faci	d to assure that qual of my knowledge ar luding the possibilit lities must comply v	lified nd bel y of f with th	personnel pro lief, true, acc ine and impr	operly urate, isonm	y gather and evand and complete. The sent for knowing	aluate the informate I am aware that the g violations. If I h	nere are significant penalties have notified as a transfer e 62-730.182, FAC.
Signature of owner, operator, or an authorized representative		Print Name and Title			ile	Date Signed (mm-dd-yyyy)		
Oem			7	Junes	F,	Greon	VP	2/28/2013
Jan	<u> </u>			J Willey				7 7 7 7 7 7 7
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If the person wh	o filled in this for	m is not the Facilit	y Coi	ntact or Ope	erator	, please compl	ete the information	on below:
(Name of person c	completing this for	m)	(Pho	one Number)		. ((E-mail Address)	
13. Comments:	3							
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