

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 Bruce Riffel, SR Comp Manager Clean Harbors Florida LLC 500 Independence Pkwy S La Porte, TX 77571-9768

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 **Clean Harbors Florida LLC** located at **170 Bartow Municipal Arprt, Bartow**, **FL33830-9572**

FLD980729610

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Large Quantity Generator; and Destination for, Universal Waste Batteries, Universal Waste Pesticides, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals, Importer, Large Quantity Handler; Commercial HW Recycler.

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

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on** 12/10/2016).

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=FLD980729610</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: 50782 , Email Address: riffel.bruce@cleanharbors.com

FLORIDA EPA ID FLD	RI DEP	2FL - FLORIDA NO EGULATED WASTI Waste Management Divisio Blair Stone Rd. Tallahasso (850) 245-877 9 6 1 0		for FDEP Offi DEC 1 BS RCRAIn	Call (CcOnly) 0-2012 HW					
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal w To provide <u>subsec</u> information).	notification (to obtain vaste, or used oil activi quent notification (to tification (see instruct	ties). update st	atus ar	nd facility ident				
2. Facility or Business Name		Clean Harbors Flori	FEII 0	FEID No. 0 4 3 6 6 7 1 6 5						
3. Facility Operator (List additional Operators in the	Cl	ean Harbors Florida	New Operator Date became Operator: 09 / 06 / 02 mm dd yy							
comments section).	Street or P.O. Box	⁴ 170 Bartow	Municipal Airpor	t	Phon	e Number: 8	63-533-6111			
	City or Town:	Barto	w	State:	FL	Zip Code:	33830			
	Operator Type: Private Federal Municipal State Other									
4. Facility Physical Location	Physical Street Address: 170 Bartow Municipal Airport									
Information	City or Town:	Bartow	State:	FL	Zip Code:	33830				
	^{County:} Polk		If available, ple boundaries.	please attach a map or sketch of the facility						
	Latitude: 2 7 9 5 5 8. 33 Longitude: 8 1 7 7 9 1. 67 Method: Interpolation d d m m s s . ssss d d m m s s . ssss Datum: NA Datum 1983									
5. Facility North Am Classification Syst Code(s)		A. 5622 C.	В. D.							
6. Facility or	Street Address or P.O. Box: 170 Bartow Municipal Airport									
Business Mailing Address	City or Town:	Bartov	N	State:	FL	Zip Code:	33830			
7. Facility or	First Name:	Bruce	Last Name:	Riffel		Title: SR. C	OMP MGR			
Business Contact Person	Phone Number:	281-884-5519	E-Mail:	il: riffel.bruce@cleanharbors.com						
	Street or P.O. Box: 500 Independence Parkway South									
	City or Town:	La Por	te	State:	ТХ	Zip Code:	77571			
8. Real Property (Land) Owner of the Facility's Physical Location (List additional	Name of Real Pro	New Owner Date became Owner: <u>01 / 01 / 80</u> mm dd yy								
	Street or P.O. Box: PO Box 650				Phone Number: 863-533-1195					
real property owners in the comments	City or Town: Bartow				FL	Zip Code:	33830			
section.)	Owner Type: Private Federal Municipal State Other									

. Type of Regulated Waste Activity (Mark 'X' in all that	EPA ID No. FLD980729610				
 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 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 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less 	 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. or a. Operating Commercial TSD b. Operating Non-commercial TSD 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. 200 (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 				
 (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste In addition, indicate other generator activities that apply. A. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	 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. 				
 7) J Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informatic Insurance Company — Zurich American Insurance C Address 100 High Street, Boston MA BAP6681232-06 Expiration 1 Policy Number d. Transportation Mode annually Annual Ann	on ompany 11/20/2013				
e. Hazardous Waste Transfer Facility: Initial notification The following items are required to be submitted w Florida Administrative Code (F.A.C.)]:	Storage Volume 2,099,600 with 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.]				
A brief general description of the transfer facility of A copy of the facility closure plan [Rule 62-730.1] 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	71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.]				

					EPA ID No. FLD98072961	0			
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):									
Large Quantity Hand	Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated								
Small Quantity Hand									
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 LQI	H = 5,000 kg	or more of u	iniversal pharmac	eutical wast	te (UPW) accumulated				
	H = more tha	n 1 kg (2.2 li	b) of acutely haza	rdous ("P-li	sted") pharmaceutical waste accumulated				
1 —					g or less of acutely hazardous UPW accumu	lated			
		Transport							
(1) For those Managing	Generate/ Accumulate	(see note in instructions)	Handle at Transfer Facility		your esitmate of the maximum amount (i pe of UW on site or transported at any o	•			
a. Batteries		[]		L	498,000	1			
b. Pesticides				252,000					
c. Pharmaceuticals					252,000	1			
d. Mercury Containing Devices					252,000]			
					252,000] 7			
e. Mercury Containing Lamps						<u>]</u>			
(3) Mercury Recovery and/o [Chapter 62-737, F.A.C.]	r Keclamati	on racinty		Note: A haza F.A.C.]	ardous waste permit is required for this activity. [Rule	62-737.800,			
(4) Reverse Distributor of U	w 🗆		Pharmaceuticals		Lamps Devices				
(5) Destination Facility for U	w 🛛		Note: for this activi storage prior to rec	•	must treat, dispose or recycle a UW. A permit is	s required for			
C. Used Oil Activities:				(8) Specific	Certification to be signed by all Used Oil Tra	nsporters			
(1) Used Oil Transporter	- indicate ty	pe(s) of act	ivity(ies):	I certify as a Used Oil Transporter that the training program and financial					
a. Transporter	1*.			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					
b. Transfer Faci	•			orginally approved training program, they are explained in attachments to					
 (2) Collection Center (3) Used Oil Processor (A permit is required for this activity.) 					this registration form. Evidence of financial responsibility is				
(4) Off-Specification			demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Ma				· · · · · · · · · · · · · · · · · · ·					
(6) Used Oil Filter				53.L					
a. Transporter			Signature of Authorized Person						
b. Transfer Faci c. Processor	lity		John Bosek						
d. End User			Print Name of Authorized Person						
		·····							
(7) Used Oil Transporters, Tra									
Specification Burners and Mar									
registration fee. Used Oil Proc applicable, enclose a check or			(9) The records required under the provisions of Rule 62-710.510,						
payable to Florida Department	-		F.A.C., are kept at (check one): Our mailing (business) address						
A check is enclosed.			The site (facility) address						

					(1991) 1997 - Marian 1997 - Mariana Mariana 1997 - Mariana Mariana 1997 - Mariana Mariana 1997 - Mariana Mariana 1997 - Marian	EPA ID No. FLD980729610			
D. Othe	er State R	Regulated Waste A	ctivities:	[] F			W) Handler [Cha it may be required	pter 62-740, F.A.C.] 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	All	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 Statı	us Changes (Ma	rk 'X' in all that a	pply):					
	(1) Bus (2) Was	er of Regulated W iness no longer ger ste generated by bu er (explain) sed	nerates, transports, t siness has been del	treats, s isted.			waste		
	 (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 								
		ate, Zip				· · · · · · · · · · · · · · · · · · ·			
	C. Pro	perty Tax Default			D. Petition	for Bankruptcy F	rotection		
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.									
Signatu	ire of ow	vner, operator, o	r an authorized		Pr	int Name and Ti	itle	Date Signed	
	representative			John Bosek			(mm-dd-yyyy) 11-16-2012		
		<u> </u>					<u> </u>		
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:									
	Bruce Riffel 281-884-5519 riffel. bruce @ cleanha						e e cleanharbor, com		
(Name o	f person c	ompleting this form	n)	(Phon	e Number)		(E-mail Address)		
This f			•		trans subr	nission made	under EPA ID	# MAD039322250	