


|  |  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
|--|--|---|-----------------------------|---|--|---|--|---|--|---|--------------------------|---|-----------------------------|--------------------------------|---------------------|---------------------------|-----------------------|--|--------|-----------|-----------------------|
|   |  | <b>8700-12FL - FLORIDA NOTIFICATION OF<br/>REGULATED WASTE ACTIVITY</b><br>DEP Waste Management Division-HWRS, MS4560<br>2600 Blair Stone Rd. Tallahassee, FL 32399-2400<br>(850) 245-8707  |                             | Date Received<br>(for FDEP Official Use Only)<br><div style="color: blue; font-size: 1.2em; font-weight: bold;">Received</div><br><div style="color: red; font-size: 1.2em; font-weight: bold;">AUG 19 2013</div> |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| EPA ID: <span style="border: 1px solid black; padding: 2px;">N J D 0 0 3 8 1 2 0 4 7</span>  |  | Please use the instructions document to complete this form.   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>1. Reason for Submittal</b><br><small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>   |  | <b>Mark 'X' in the correct box:</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).<br/> <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).<br/> <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)         </div> <div> <b>FL Registration(s)</b><br/> <input type="checkbox"/> UW Mercury (see page 3)    <input checked="" type="checkbox"/> HW Transporter (see page 4)    <input type="checkbox"/> Used Oil (see page 4)         </div> </div>  |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>2. Facility or Business Name</b>  |  | Allstate Power Vac, Inc.  |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>3. Facility Operator</b><br><small>(List additional Operators in the comments section).</small>   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Operator:<br/><b>Allstate Power Vac, Inc.</b></td> <td colspan="2">Date became Operator: ____/____/____<br/><input type="checkbox"/> New Operator    mm   dd   yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box:<br/><b>928 East Hazelwood Avenue</b></td> <td colspan="2">Phone Number:<br/><b>732-815-0220</b></td> </tr> <tr> <td>City or Town:<br/><b>Rahway</b></td> <td>State:<br/><b>NJ</b></td> <td>Zip Code:<br/><b>07065</b></td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Operator Type:    <input checked="" type="checkbox"/> Private    <input type="checkbox"/> Federal    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> County    <input type="checkbox"/> Other _____</td> </tr> </table> |                             |   |  | Name of Operator:<br><b>Allstate Power Vac, Inc.</b>                                  |  | Date became Operator: ____/____/____<br><input type="checkbox"/> New Operator    mm   dd   yy |  | Street or P.O. Box:<br><b>928 East Hazelwood Avenue</b> |                          | Phone Number:<br><b>732-815-0220</b>        |                             | City or Town:<br><b>Rahway</b> | State:<br><b>NJ</b> | Zip Code:<br><b>07065</b> | Country (if not USA): | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ |        |           |                       |
| Name of Operator:<br><b>Allstate Power Vac, Inc.</b>   |  | Date became Operator: ____/____/____<br><input type="checkbox"/> New Operator    mm   dd   yy   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Street or P.O. Box:<br><b>928 East Hazelwood Avenue</b>  |  | Phone Number:<br><b>732-815-0220</b>  |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| City or Town:<br><b>Rahway</b>   | State:<br><b>NJ</b>  | Zip Code:<br><b>07065</b>   | Country (if not USA):       |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ |  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>4. Facility Physical Location Information</b><br><small>(No P.O. Boxes)</small><br><input checked="" type="checkbox"/> Same address as #3 above or:   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Physical Street Address: _____ <input type="checkbox"/> Vessel</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> </tr> <tr> <td>County:</td> <td colspan="2">Country (if not USA):</td> </tr> </table>  |                             |   |  | Physical Street Address: _____ <input type="checkbox"/> Vessel                        |  |   | City or Town:  | State:  | Zip Code:                | County:                                     | Country (if not USA):       |                                |                     |                           |                       |  |        |           |                       |
| Physical Street Address: _____ <input type="checkbox"/> Vessel   |  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| City or Town:  | State:   | Zip Code:   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| County:  | Country (if not USA):  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>5. Facility North American Industry Classification System (NAICS) Code(s)</b><br><small>(at least 5 digits)</small>   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. <span style="border: 1px solid black; padding: 2px;">5 6 2 1 1 2</span> (required)</td> <td style="width: 50%;">B. <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>C. <span style="border: 1px solid black; padding: 2px;"> </span></td> <td>D. <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>  |                             |   |  | A. <span style="border: 1px solid black; padding: 2px;">5 6 2 1 1 2</span> (required) | B. <span style="border: 1px solid black; padding: 2px;"> </span> | C. <span style="border: 1px solid black; padding: 2px;"> </span>                              | D. <span style="border: 1px solid black; padding: 2px;"> </span> |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| A. <span style="border: 1px solid black; padding: 2px;">5 6 2 1 1 2</span> (required)  | B. <span style="border: 1px solid black; padding: 2px;"> </span> |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| C. <span style="border: 1px solid black; padding: 2px;"> </span>   | D. <span style="border: 1px solid black; padding: 2px;"> </span> |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>6. Facility or Business Mailing Address</b>   |  | <input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: _____<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip/Postal Code:</td> <td>Country (if not USA):</td> </tr> </table>   |                             |   |  | City or Town:   | State:   | Zip/Postal Code:  | Country (if not USA):  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| City or Town:  | State:   | Zip/Postal Code:  | Country (if not USA):       |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>7. Facility or Business RCRA Contact Person</b><br><input checked="" type="checkbox"/> Same address as #3 above or:   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>First Name:<br/><b>Donna</b></td> <td>Last Name:<br/><b>Miller</b></td> <td colspan="2">Title:<br/><b>Director, Environmental Health and Safety</b></td> </tr> <tr> <td>Phone Number:<br/><b>732-815-0220</b></td> <td>Extension:<br/><b>105</b></td> <td>E-Mail:<br/><b>donna.miller@eqonline.com</b></td> <td>Fax:<br/><b>732-815-9892</b></td> </tr> <tr> <td colspan="4">Street or P.O. Box: _____</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> </table>  |                             |   |  | First Name:<br><b>Donna</b>   | Last Name:<br><b>Miller</b>                                      | Title:<br><b>Director, Environmental Health and Safety</b>                                    |  | Phone Number:<br><b>732-815-0220</b>                    | Extension:<br><b>105</b> | E-Mail:<br><b>donna.miller@eqonline.com</b> | Fax:<br><b>732-815-9892</b> | Street or P.O. Box: _____      |                     |                           |                       | City or Town:  | State: | Zip Code: | Country (if not USA): |
| First Name:<br><b>Donna</b>  | Last Name:<br><b>Miller</b>                                      | Title:<br><b>Director, Environmental Health and Safety</b>  |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Phone Number:<br><b>732-815-0220</b>   | Extension:<br><b>105</b>   | E-Mail:<br><b>donna.miller@eqonline.com</b>   | Fax:<br><b>732-815-9892</b> |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Street or P.O. Box: _____  |  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| City or Town:  | State:   | Zip Code:   | Country (if not USA):       |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| <b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b><br><small>(List additional owners in the comments section.)</small><br><input type="checkbox"/> Same address as #__ above or:                          |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Owner:<br/><b>not applicable</b></td> <td colspan="2">Date became Owner: ____/____/____<br/><input type="checkbox"/> New Owner    mm   dd   yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box: _____</td> <td colspan="2">Phone Number: _____</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Owner Type:    <input type="checkbox"/> Private    <input type="checkbox"/> Federal    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> County    <input type="checkbox"/> Other _____</td> </tr> </table>  |                             |   |  | Name of Owner:<br><b>not applicable</b>   |  | Date became Owner: ____/____/____<br><input type="checkbox"/> New Owner    mm   dd   yy       |  | Street or P.O. Box: _____                               |                          | Phone Number: _____                         |                             | City or Town:                  | State:              | Zip Code:                 | Country (if not USA): | Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____               |        |           |                       |
| Name of Owner:<br><b>not applicable</b>  |  | Date became Owner: ____/____/____<br><input type="checkbox"/> New Owner    mm   dd   yy   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Street or P.O. Box: _____  |  | Phone Number: _____   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| City or Town:  | State:   | Zip Code:   | Country (if not USA):       |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |
| Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____               |  |   |                             |   |  |   |  |   |  |   |                          |   |                             |                                |                     |                           |                       |  |        |           |                       |

|   |                                |
|---|--------------------------------|
| <b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b> | EPA ID No. <b>NJD003812047</b> |
|---|--------------------------------|

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**

**(A) (1)Generator of Hazardous Waste**

☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ **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 (at least once a year)

☐ **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

**In addition, indicate other generator activities that apply.**

☐ d. Short-Term Generator (one-time, not on-going)

☐ e. Episodic: Not more than one-time per year:    SQG    LQG

☐ f. United States Importer of hazardous waste

☐ g. Mixed Waste (hazardous and radioactive) Generator

**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

☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

**(3) ☐ Recycler of Hazardous Waste (at your facility)**

Specify: ☐ Commercial ☐ Non-Commercial.  
Note: 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) ☐ Receives Hazardous Waste from Off-Site**

**(7) ☐ Underground Injection Control**

**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, K019, P012, U112).  
Hazardous waste transporters list codes routinely or usually transported. Use comments or 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 |

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank. )

☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

**(B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)

☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

☐ (2) Out of Business - Business closed on \_\_\_\_\_ (date)

☐ **(C) Property Tax Default**

☐ **(D) Petition for Bankruptcy Protection**

**12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

|  |                     |  |                  |  |           |  |
|--|---------------------|--|------------------|--|-----------|--|
| <input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:<br><br>Contact for:<br><input type="checkbox"/> HW Transporter<br><input type="checkbox"/> Used Oil Handler<br><input type="checkbox"/> Universal Waste | First Name:         |  | Last Name:       |  | Title:    |  |
|  | Phone Number:       |  | Extension:       |  | E-Mail:   |  |
|  | Street or P.O. Box: |  |                  |  |           |  |
|  | City or Town:       |  | State:(Country): |  | Zip Code: |  |



|  |  |   |
|--|--|---|
| <b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>   |  | EPA ID No. <b>NJD003812047</b>  |
| <b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>  |  |   |
| <b>A. Federal Notification</b>   | <input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)</b><br><br><div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input type="checkbox"/> e. Mercury Containing Lamps</span> </div><br><input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling. |   |
| <b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>  |  |   |
| <input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)<br><input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated<br><input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])<br><input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter  |  |   |
| <b>C. Florida Annual Mercury Handler Registration:</b>   |  |   |
| <p>For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).</p> <p><b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b></p> |  |   |
| <p><b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering         <input type="checkbox"/> Renewal         <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached       </div>   |  |   |
| <input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices<br><input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices<br><input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler<br><input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler  |  | Annual<br>Registration<br>Required  |
| <input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler<br><input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler   |  | Annual Registration +<br>one-time \$1,000 fee+<br>More Requirements<br>(contact FDEP) |
| <p><b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering         <input type="checkbox"/> Renewal       </div>  |  | Annual Registration<br>Required   |
| <p>Briefly Describe your Universal Waste Activities:</p> <div style="text-align: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</div>   |  |   |
| <p><b>13. Other State Regulated Waste Activities:</b>    <b>Petroleum Contact Water (PCW)</b> <input type="checkbox"/> <b>Recovery</b> <input type="checkbox"/> <b>Transport</b> [62-740 F.A.C.]</p> <p style="font-size: small;">Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]</p>   |  |   |

**14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

This facility is a registered transporter of hazardous waste.

This form is: ☐ Initial Registration ☐ Renewal ☒ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

☐ This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume \_\_\_\_\_

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

**15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),**

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

**(1) Used Oil Transporter - mark activities: (occurring in Florida)**

- ☐ a. Transporter (off-site) and noncontiguous locations  
☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

**(6) Used Oil Filter Management (must annually register)**

- ☐ a. Transporter  
☐ b. Transfer Facility  
☐ c. Processor (Annual Report Required)  
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.



**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

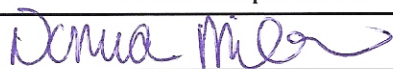
☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

On July 29, 2013 a transaction was completed involving a merger and stock acquisition of Allstate Power Vac, Inc. ("Allstate") by EQ Industrial Services, Inc. ("EQ Industrial"). As a result of the transaction, the capital stock held by the individual owners of Allstate, was transferred to EQ Industrial. Allstate will effectively continue its operations under its current name with no other changes in the current operations, other than Allstate is now a wholly-owned subsidiary of EQ Industrial. Additionally, although the transaction involved a change in certain officers and directors of Allstate, there were no changes in Allstate's key managers or employees related to its Florida operations.

**17. 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.

☐ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

| Signature of owner, operator, or an authorized representative                       | Print Name and Title                                     | Used Oil                            | Date Signed (mm-dd-yyyy) |
|---|--|-------------------------------------|--------------------------|
|  | Donna Miller, Director, Environmental, Health and Safety | <input checked="" type="checkbox"/> | 8/14/13                  |
|   |  | <input type="checkbox"/>            |                          |
|   |  | <input type="checkbox"/>            |                          |

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)



August 15, 2013

*Via UPS Ground Service*

Ms. Susan Horlick  
State of Florida  
Department of Environmental Protection  
Waste Management Division-HWRS,MS4560  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**RE: Notification of Change in Stock Ownership of Allstate Power Vac, Inc.  
("Allstate"), 928 East Hazelwood Avenue, Rahway, NJ 07065; Florida  
Hazardous Waste Transporter Permit Number NJD003812047**

Dear Ms. Horlick:

Compliance Plus Services, Inc. ("CPS") is submitting this notification letter and Florida Notification of Regulated Waste Activity Form on behalf of our client, Allstate Power Vac, Inc. ("Allstate"), to advise the Department of a recent change in the stock ownership of the company, as well as the addition of new principals of Allstate.

On July 29, 2013, a transaction was completed involving a merger and stock acquisition, of Allstate by EQ Industrial Services, Inc. ("EQ Industrial"). As a result of the transaction, the capital stock held by the individual owners of Allstate was transferred to EQ Industrial. Allstate will effectively continue its operations under its current name with no other changes in its current operations, other than Allstate is now a wholly-owned subsidiary of EQ Industrial. Additionally, although the transaction involved a change in certain officers and directors of Allstate, there were no changes in Allstate's key managers or employees related to its Florida operations. Included in Attachment I of this notification is an organizational chart and a listing of directors and officers for your reference.

Should you have any questions related to this submission, do not hesitate to contact me at (215) 734-1414 or via electronic mail at [mlogan@cps-2comply.com](mailto:mlogan@cps-2comply.com).

Sincerely,

Michael D. Logan  
Vice President, Environmental Services  
*Compliance Plus Services, Inc.*

cc. Donna Miller, Allstate Power Vac, Inc.

N:\#0210 - Allstate Power Vac\Ownership Transfer Info\Florida\Notification Letter - FL.docx