



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Herschel T. Vinyard Jr.  
Secretary

02/19/2014

Maria Leon  
Environmental Management Conservation Oil Corp  
8470 NW 68th St  
Miami, FL 33166-2661

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **8470 NW 68th St, Miami, FL 33166-2661** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLR000000166**  
**Transporter of Universal Waste Lamps and Devices**  
**Transfer Facility for Universal Waste Lamps**  
**Transfer Facility for Universal Waste Devices**  
**Small Quantity Handler Facility for Universal Waste Lamps and Devices**  
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2015** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).


This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures

 <div style="display: inline-block; vertical-align: middle;"> <p><b>RECEIVED</b> FEB 03 2014</p> <p>8770-12FL - FLORIDA NOTIFICATION OF <b>REGULATED WASTE ACTIVITY</b></p> <p>DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707</p> </div>		<p>Date Received (for FDEP Official Use Only)</p>
<p>EPA ID: <span style="border: 1px solid black; padding: 2px;">FLR0000000766</span> <span style="border: 1px solid black; padding: 2px;">Please use the instructions document to complete this form</span></p>		
<p><b>1. Reason for Submittal</b> (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</p>	<p>Mark 'X' in the correct box:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).</p> <p><input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)</p> <p>FL Registration(s)    <input checked="" type="checkbox"/> UW Mercury (see page 3)    <input checked="" type="checkbox"/> HW Transporter (see page 4)    <input checked="" type="checkbox"/> Used Oil (see page 4)</p>	
<p><b>2. Facility or Business Name</b></p>	<p><i>E.M.C. Oil Co. (DBA)</i></p>	
<p><b>3. Facility Operator</b> (List additional Operators in the comments section).</p>	<p>Name of Operator: <i>Environmental Management Conservation</i>    Date became Operator: <i>8/15/90</i></p> <p>Street or P.O. Box: <i>8470 NW 68 St.</i>    Phone Number: <i>305-477-7497</i></p> <p>City or Town: <i>Miami</i>    State: <i>FL</i>    Zip Code: <i>33166</i>    Country (if not USA):</p> <p>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</p>	
<p><b>4. Facility Physical Location Information</b> (No P.O. Boxes)</p> <p><input checked="" type="checkbox"/> Same address as #3 above or:</p>	<p>Physical Street Address: _____ <input type="checkbox"/> Vessel</p> <p>City or Town: _____ State: _____ Zip Code: _____</p> <p>County: _____ Country (if not USA): _____</p>	
<p><b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> (at least 5 digits)</p>	<p>A. <span style="border: 1px solid black; padding: 2px;">15621119</span> (required)    B. <span style="border: 1px solid black; padding: 2px;">15629110</span></p> <p>C. <span style="border: 1px solid black; padding: 2px;">  </span>    D. <span style="border: 1px solid black; padding: 2px;">  </span></p>	
<p><b>6. Facility or Business Mailing Address</b></p>	<p><input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box:</p> <p>City or Town: _____ State: _____ Zip/Postal Code: _____ Country (if not USA): _____</p>	
<p><b>7. Facility or Business RCRA Contact Person</b></p> <p><input type="checkbox"/> Same address as #__ above or:</p>	<p>First Name: <i>Maria</i>    Last Name: <i>Leon</i>    Title: <i>Pres</i></p> <p>Phone Number: <i>305-477-7497</i>    Extension:    E-Mail: <i>EMC-LEON@BellSouth.net</i>    Fax: <i>305-477-9410</i></p> <p>Street or P.O. Box: <i>8470 NW 68 St.</i></p> <p>City or Town: <i>Miami</i>    State: <i>FL</i>    Zip Code: <i>33166</i>    Country (if not USA):</p>	
<p><b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.)</p> <p><input type="checkbox"/> Same address as #__ above or:</p>	<p>Name of Owner: <i>MEL Property</i>    Date became Owner: <i>5/18/2004</i></p> <p>Street or P.O. Box: <i>8470 NW 68 Street</i>    Phone Number: <i>305-477-7497</i></p> <p>City or Town: <i>Miami</i>    State: <i>FL</i>    Zip Code: <i>33166</i>    Country (if not USA):</p> <p>Owner 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</p>	

RCRA Hazardous Waste Status: Not in Business or Out of Business: <input type="checkbox"/>		EPA ID No. <b>FLR000000166</b>				
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>						
<b>(A) (1) Generator of Hazardous Waste</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil)  If YES, Choose only one of the following three categories. <input type="checkbox"/> <b>a. Large Quantity Generator (LQG):</b> 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)  <input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> 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)  <input checked="" type="checkbox"/> <b>c. Conditionally Exempt SQG (CESQG):</b> 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  <b>In addition, indicate other generator activities that apply.</b> <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: <u>  SQG  </u> <u>  LQG  </u> <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator		<b>For Items 2 through 7, mark 'X' in all that apply.</b>  <b>(2) Treater, Storer, or Disposer of Hazardous Waste</b> (at your facility) Note: A hazardous waste permit may be required for this activity.  <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)  <b>(3) Recycler of Hazardous Waste (at your facility)</b> Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.  <b>(4) Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption  <b>(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities</b> Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.  <b>(6) Receives Hazardous Waste from Off-Site</b>  <b>(7) Underground Injection Control</b>				
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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
D001	D008	D018	D035	F003	F005	
8	9	10	11	12	13	14
15	16	17	18	19	20	21
<b>11. Other Status Changes</b> (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):						
<b>(A) Non-Handler of Regulated Waste at This Facility</b> (Sections 9, 10 and 12-16 should be blank.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. <b>(B) Facility Closed</b> (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)						
<input type="checkbox"/> <b>(C) Property Tax Default</b>				<input type="checkbox"/> <b>(D) Petition for Bankruptcy Protection</b>		
<b>12-14 — Registration Activities Contact Information</b> (only if this submission is a registration or registration information update):						
<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste		First Name: _____ Phone Number: _____		Last Name: _____ Extension: _____		Title: _____ E-Mail: _____
Street or P.O. Box: _____		City or Town: _____				
State: (Country): _____		Zip Code: _____				

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 04-23-2013 Page 3 of 5

**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:

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**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:

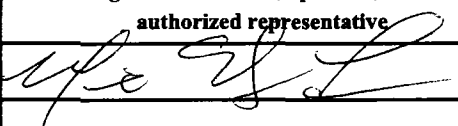
- ☐ ALL registered UO-Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- ☐ UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- ☐ UO transporters transporting 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):**

**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)
	Maria E. Leon-Prees	<input checked="" type="checkbox"/>	1/15/14
		<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)