

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER 2600 BLAIRSTONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

04/30/2014 Greg Williams, Dir of Env Compliance SWS Environmental Inc 901 McClosky Blvd Tampa, FL 33605-6717

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 SWS Environmental Inc located at 6900 NW 12th Ave, Fort Lauderdale, FL33309-1103

FLD099077257

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: **UW Lamp Transporter**, **UW Device Transporter** (reg exp on 03/01/2015); **HW Transporter** (reg exp on 06/30/2015); **Used Oil Transporter**, **Used Oil Filter Transporter** (reg exp on 06/30/2015).

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD099077257. For further assistance, please contact me at (850) 245-8749 or email at _Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Environmental Manager

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 58751, Email Address: greg.williams@swsenvironmental.com

Ft. Landerdale

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

Date Received

(for FDEP Official Use Only)
RECEIVED
ENVIRONMENTAL PROTECTION

FEB 272014

& FLORIDA		(350) 2	245-8707				1	1	red #	, 2011	
EPA ID: F L	D 0 9 9 0	7 7 2 5	5 7	Pleas	se use	the instru	ctions	document to	BEBM AS	AFFER MAPER	& COMP CEPROC	HANCE JRAM
1. Reason for Submittal Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).												
(all submitters must complete pages 1 and 2 and sign page 5.	(must choose one if a notification) To provide subsequent notification (to update status and facility identification information). To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)											
Pages 3 and 4, - complete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)											
2. Facility or Business Name	PROGRESSIVE ENVIRONMENTAL SERVICES, INC.											
3. Facility Operator (List additional Operator)	Name of Operator: SWS ENVIRONMENTAL SERVICES							Date becar	Operat	_	mm do	
(List additional Operators in the comments section).	Street or P.O. Box: 6900 NW 12th	h AVENUE							Phone Number: 954-957-7271			
Sociony.	City or Town: FORT LAUDERD	ALE				State: FLORIE	DA _	Zip Code: 33069	,		try (if not U	JSA):
	Operator Type:											
4. Facility Physical	Physical Street Address:											
Location Information (No P.O. Boxes)	City or Town:							State:	Zi	ip Code:		
Same address as #3 above or:	County:	Country (if not USA):										
5. Facility North Ar Classification Sys		a. <u>5 6</u>	2	9 9	8	(required)) B .	5 6	6 2	ρ 1	1 0	
Code(s) (at least 5	digits)	с. 56	2	<u> 1 1 </u>	<u> 2</u>		D.					
6. Facility or Business	Same address as #7 above or: Street or P.O. Box:											
Mailing Address	City or Town: TAMPA	<u> </u>	State FLC	e: ORIDA					JSA):			
7. Facility or Business	First Name: GREG	st Name: ILLIAN	/IS_	Title: Direct			of Er	ıvironn	nental (Compliance		
RCRA Contact Person	Phone Number: 813-241-028					ns@sv	wsenvironm	Fax: 813-241-6765		3765		
Same address as	Street or P.O. Box: 901 McClosky Boulevard											
#above or:	City or Town: POMPANO					tate: LORIDA		Zip Code: Country (if not 33605		ot USA):		
8. Real Property (FL Land) Owner	Name of Owner: AMSTON INVESTMENTS, INC.							Date became Owner:// New Owner mm dd yy				
of the Facility's Physical Location	Street or P.O. Box: 1420 SW 28th AVEN			114.	,		P	Phone Number:				
(List additional owners in the comments section.)	City or Town: POMPANO	Star	ate: LORIDA		Zip Code: 33069				ot USA):			
Same address as # above or:	Owner Type: Private Prederal Municipal State County Other											

R	CRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FL	D09907	7257		
9.	RCRA Ha	zardous	Waste Act	tivities at this Fa	cility	: (Mark 'X'	in all tha	t apply):			
(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.											
ַ	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste								Vaste		
	_	•		wing three categories.		(a	t your faci	lity) Note: A hazar may be		ermit this activity.	
,	Gen grea haza	erates in any ater per mon ardous waste	th (kg/mo) (2 e; or Greater	(LQG); onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs) least once a year)			b. O _i	perating Commercia perating Non-Common-Operating: Poste permit or Order (HSV	l TSD nercial TSD losure or Co		
Ţ	Gen 100i lbs.) (2.2	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)			200	 (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 					
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. b. Smelting, Melting, and Refining Functions Waste Generated to Manage Conditiona Waste Generated at Other Facilities Choose this management activity ONLY if EITHER a copy of your application for succounties that apply. OR the authorization you received from FD						nally Exempt if you attach such authorization					
d. Short-Term Generator (one-time, not on-going) e. Episodic; Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control						ite					
10.	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.										
^I D.	-001	² D-002	2	³ D-003	⁴ D-(004	⁵ D-005	⁶ D-008	3	⁷ D-009	
_	-018	⁹ D-040	0	¹⁰ F-001	¹¹ F-		¹² F-005	¹³ P&	U	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 — Reg	istration A	Activities	Contact Informa	tion				istration info	ormation update):	
	Same as Facil Contact on pag	•	First Name:	GREG		Last Name: W	ast Name: WILLIAMS Title: Director of Environmental Complia			of Environmental Compliance	
H	tact for:		Phone Num	813-241-02		Extension:	1		swsenvi	ronmental.com	
	HW Transpor		Street or P.0	O. Box: 901 Mc	CLC	SKY BOULEVARD					
Universal Waste		City or Town: TAMPA				State:(Country): FLORIDA Zip Code: 336			33605		

Universal Waste Notification and Mercury Transporter/Handler Registration EPAID No. FLD099	9077257						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :							
A. Federal Notification Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)							
Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmacet	uticals						
d. Mercury Containing Devices 📮 e. Mercury Contai	ning Lamps						
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U A permit is required for storage prior to recycling.	rw.						
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration							
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	1						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])						
Florida Universal Pharmaceutical Waste (UPW) Transporter							
C. Florida Annual Mercury Handler Registration:							
Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below. (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities							
First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg							
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration						
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required						
☐ Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	one- time \$1,000 fee+ More Requirements (contact FDEP)						
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) □ First time registering □ Renewal	Annual Registration Required						
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] 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)]							

Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No. FLD099077257						
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 hazard	ous waste.							
This form is: 🔲 Initial Registration 🔲 Renewal	This form is: 🔲 Initial Registration 👅 Renewal 🚨 Notification of changes 🚨 Cancel Registration							
☐ 1. For own waste only ☐ 2. For commercial	ourposes 3.1	Both commercial and own waste						
4. Transportation Mode Air Rail Highwa	y Water O	ther - specify						
B. HW Transfer Facility Registration Information (m	ust be completed a	nnually and when this information changes)						
☐ This facility is a Hazardous Waste Transfer Fac	ility: (at this location	on) Storage Volume						
This form is: 🔲 Initial Registration 🔲 Renewal	This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of changes 🚨 Cancel Registration							
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	de 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 com	olete all that apply if	f you need to register your used oil activities),						
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer faciling annually register with the Department using this form. All except Flows \$100 registration fee. This form is: Initial Registration Renewal		ocessors and collection centers must pay an annual						
If applicable, a check or money order, in the amount of \$100	, payable to Florida D	Department of Environmental Protection is enclosed.						
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations	a. Transp	orter						
☐ b. Transfer Facility	b. Transfo	•						
(2) Collection Center (From businesses, no more than 55 gal per		ssor (Annual Report Required)						
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	ser						
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510, at (check one):						
(4) Off-Specification Used Oil Burner		ng (business) address						
(5) Used Oil Fuel Marketer								
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	itted in addition to (the above registration and fees required for non-						

Transfer Facility and Used Oil Transporter requirer	nents and required signature page	EPA ID No. FLD0990)77257			
(14 cont.) Hazardous Waste Transfer Facilities following items are required to be submitted with the ir subsequent submission [Rule 62-730.171(3), Florida Ad	nitial notification for a transfer facility a	d for Transfer Facilities on Pag nd any changed items must be	ge 4, Section 14, the submitted with any			
· · · ·	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 respons	• -					
_A brief general description of the transfer facil	• • • • • • • • • • • • • • • • • • • •	, F.A.C.J				
_A copy of the facility closure plan [Rule 62-73						
_A copy of the contingency and emergency plan						
A map or maps of the transfer facility [Rule 62	?-730.171(3)(a)7., F.A.C.]					
(15 cont.) Used Oil Transporters: (Exemptions i						
In addition to the requirements on Page 4 Sect						
 ALL registered UO Handlers must subm their own company. 	it an annual report except generators tra	nsporting UO from noncontigu	ous operations within			
UO transporters transporting off-site ove	r public highways only within their own	o company must submit proof	of incurance			
UO transporters transporting more than 5	• • •					
submission as a certified used oil transpo	• •		in and writing and			
■ The used oil annual report is attached	■ Evidence of Liability Insurance pur		A.C. is attached.			
16. Comments (attach a page if more space is need	·		''' Olassa			
*** Other Waste Codes maybe transport		argency Response of	olli Clean-ups			
(i.e., TSCA waste, PCB - Oil, Soil, and	i Debris).					
17. Certification: I certify under penalty of law that						
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 tation and have an annual and new employee traini						
bility is demonstrated by the Used Oil Transporter	Certificate of Liability Insurance, DEP	form 62-730.900(5)(a), F.A.C.				
	Print Name and					
Signature of owner, operator, or an authorized representative	Print Name and	Oil				
11 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Greg S./ Williams - Director of Env	ironmental Compliance	02-13-2014			
Mittell 100 miles	7.03 0		102 10 2011			
		-				
If the person that filled in this form is not the Facili	ty Contact or Operator, please compl	ete the information below:				
N/A N	I/A N/A					
(Name of person completing this form)	(Phone Number)	(E-mail Address)				