

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

02/02/2015 Kenneth Kirwan, Mgr Bio-Waste Solutions Inc 1433 Resmondo Drive #5 Lake Wales, FL 33853

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 **Bio-Waste Solutions Inc** located at **1433 Resmondo Dr #5, Lake Wales , FL33853-3635**

FLR000214205

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Conditionally Exempt SQG; Universal Pharmaceutical Transporter.

Your facility is **currently registered** for the following activities: **None.**

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: <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=FLR000214205</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

Robin K. Pandley For

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 115077 , Email Address: biowastesolutions@gmail.com

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY						OF	Date Received RECEIVED (for RDEP: Official Use, Only) TI			
REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707								DE	C 082014	
		3)	350) 245-8707					PERMITTI	NG & COMPLIANCE	
EPA ID: FLRO	00214205		Please	use the instru	uctions	document to	comple	te this form		
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 In to provide subsequent notification (to update status and facility identification information). if a notification) Interpretent to provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)									
Pages 3 and 4, - com- plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)								Dil (see page 4)	
2. Facility or Business Name									c	
3. Facility	Name of Operator: Bio-Waste Solutions Inc.					Date became Operator://				
Operator (List additional Opera-	Street or P.O. Box:			·•		New Operator mm dd yy Phone Number:				
tors in the comments section).	1433 Resmondo Drive # 5									
	City or Town: Lake Wales	City or Town: .ake Wales				Zip Code: Country (if not USA): 33853			ot USA):	
	Operator Type:	Private DFe	deral DMuni	cipal 🔲 Sta	te 🔲	County DC	ther			
4. Facility	Physical Street Address:									
Physical Location	1433 Resmondo Drive #5 City or Town: State: Zip Code:									
Information	Lake Wales	City or Town:				FI. 33853				
(No P.O. Boxes) Same address as #3 above or:	Country (if not USA)									
5. Facility North American Indu		A. _ _	<u> _ </u>	(required) B.				_	
Classification Sys Code(s) (at least 5	· · ·	C.			D.]	
6. Facility or	Same address as	# above or: Str	eet or P.O. Box:	·····						
Business Mailing Address	City or Town: Lake Wales	6		State: FI.	Zip/P 338			Country (if n	ot USA):	
7. Facility or Business	First Name: Kenneth		Last Name: Kirwan			Title: Manage	er			
RCRA Contact Person	Phone Number: Extension: Extension:			E-Mail: biowastesolutions@gma			Fax:			
	Street or P.O. Box: 1433 Resmondo Drive #5									
Same address as #above or:	City or Town: Lake Wale	State: FI.	State: Zip Code:			Country (if not USA):				
8. Real Property (FL Land) Owner of the Facility's	Name of Owner: Mid State Energy Inc.					Date became Owner: <u>12</u> / <u>14</u> / <u>11</u> New Owner mm dd yy				
Physical Location (List additional	Street or P.O. Box: 1130 N. Scenis Hy	wy	, <u>,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		P	hone Number:	:			
owners in the com- ments section.)	City or Town: State: Lake Wales FI.					Zip Code: 33853		Country (if	f not USA):	
Same address as # above or:	Owner Type:	Private DFeder	ral 🛛 Munici	oal 🛛 State	Qc	ounty Oth	er			

7

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 1 of 5

RCRA Hazardous Waste Status Notification or Out of Business Notification EPA ID No.									
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):									
(A) (1)Generator of Hazardons Waste For Items 2 through 7, mark 'X' in all that apply.									
Yes No (Don	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste								
If YES, Choose only one	e of the following three categorie	s .	(a	t your facil		rdous waste permit			
	Generator (LQG):	1011102-005		-		e required for this activity.			
	y calendar month 1,000 kilogram th (kg/mo) (2,200 lbs.) of non-ac				erating Commerci				
	e; or Greater than 1 kg (2.2 lbs)		 b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action 						
of acute hazarda	ous waste (at least once a year)				mit or Order (HS)				
b. Small Quantity				-		ste (at your facility)			
	y calendar month greater than ess than 1,000 kg/mo (>220 to <2	2,200				Non-Commercial.			
lbs.) of non-acu	te hazardous waste and/or 1 kg			1.00	loiler and/or lodu				
(2.2 ibs) of less (at least once a g	of acute hazardous waste year)		() –			te Burner Exemption			
ct o un un						d Refining Furnace Exemption			
	xempt SQG (CESQG): y calendar month 100 kg/mo or lo	CSS	6 D	Person As	thorized to Mana	ge Conditionally Exempt			
(220 lbs.) of nor	n-acute hazardous waste and 1 kg			Waste G	enerated at Other	Facilities			
(2.2 los) or less	of acute hazardous waste					tivity ONLY if you attach lication for such authorization			
In addition, indicate othe	er generator activities that app	ly.		OR the a	athorization you re	ceived from FDEP.			
	ator (one-time, not on-going)		(-)	Receives I	lazardous Waste	from Off-Site			
	e than one-time per year:SQC	G_LQC	o m D	Undergro	und Injection Cor	atrol			
f. United States Impo	orter of hazardous waste ardous and radioactive) Generate	or	(/) _	Charles P. C					
your facility. List them	ederally Regulated Hazan in the order they are presented in transporters list codes mutinely of	in the re	gulations (e.g., I	0001, D00	3, F007, K019, P0				
¹ 62-730.186 ² U01			Т	U237	U15				
8 9	10	11		12	13	14			
15 16	17	18		19	20	21			
11. Other Status Char	iges (If no longer handling was	ste or cl	losed, sections 9	and 10 sho	uld be blank and s	kip Section 12-16):			
And and a state of the state of	plated Waste at This Facility (_					
(1) Business no k	onger generates, transports, treats	s, stores	, disposes of, or	otherwise l	handles any regula	ted waste.			
(B) Facility Closed (Con	plete this section only if all busin	ness act	tivities at this fac	ility have a	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 Busine	(date)								
(C) Property Tax Default (D) Petition for Bankruptcy Protection									
12-14 Registration	Activities Contact Inform	ation	(only if this sub	nission is a	registration or reg	pistration information update):			
Same as Facility RCRA Contact on page 1 or enter:	Contact on page 1 or enter:			ast Name: Kirwan Title: Manager					
Contact for:	Phone Number: 863 619-77		Extension:	biowastesolutions@gmail.com					
HW Transporter	Street or P.O. Box:	000	1. 0.1	- 46					
Used Oil Handler	City of Town: Lake W			E #O		Zip Code: 33853			

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 2 of 5

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :							
A. Federal 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. Pharma	ceuticals						
d. Mercury Containing Devices G. Mercury Con	taining Lamps						
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.							
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 tim	ne)						
Pharmaceuticals Acute LQH = more than I kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (U	PW) accumulated						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of F	lealth [DOH])						
Florida Universal Pharmaceutical Waste (UPW) Transporter							
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). 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 registration is attached For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices Annual Registration Registration Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler Required							
 Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler 	Annual Registration + 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 will be providing providing and accepting all approved containers with Universal Waste that will be transprted to an approved facility such as Willabrator facility in Ft. Lauderdale Florida for complete destruction by incineration.							
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)]							

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

Hazardous Waste and Used Oil Transporter Registrati	ons	EPA ID No.						
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 📮 Highwa	y 🛛 Water 🔲 O	ther - specify						
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)								
This facility is a Hazardous Waste Transfer Face	This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume							
This form is: 🔲 Initial Registration 🛛 Renewal	Notification of c	hanges 🛛 Cancel Registration						
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	le 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):								
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	plete 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)	(6) Used Oil Filter	r Management (must annually register)						
□ a. Transporter (off-site) and noncontiguous locations	📮 a. Transpo	orter						
b. Transfer Facility	b. Transfe	-						
 (2) Collection Center (From businesses, <u>no more than 55 gal per shipment</u>) 	d. End Us	sor (Annual Report Required) ser						
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,						
(4) 🔲 Off-Specification Used Oil Burner	FAC, are kept	at (check one): g (business) address The site (facility) address						
(5) Used Oil Fuel Marketer 🖸 On-Spec 🗖 Off-Spec								
Please see the top of page 5 for additional items that must be subm exempt Used Oil Transporters.	l	he above registration and fees required for non-						

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 4 of 5

Transfer Facility and Used Oil Transporter requirements and required signature page EP	A ID No.
--	----------

(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	Signature of owner, operator, or an Print Name and Title authorized representative			Date Signed (mm-dd-yyyy)		
Xerweth Lipping	KENNETh	LINWAN		$\overline{\mathcal{V}}$	ς	14
If the person that filled in this form is not t	he Facility Contact or Operator, ple	ase complete the information be	low:			
Kenneth Krwan	863 619-7777	biowastesoltions@gm		om		
(Name of person completing this form)	(Phone Number)	(E-mail Address)				_

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 5 of 5