

## 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

02/19/2015 Steve Miller, Downstream Inspections Inc 2865 Executive Dr Ste A Clearwater, FL 33762-3316

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 **Downstream Inspections Inc** located at **2865 Executive Dr Ste A, Clearwater , FL33762-3316** 

## FLR000214387

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste**; PCW 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=FLR000214387</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 115991

WHITEL PROTECTION	1 N. Z. B	-12FL - FLO				Date Received	<u></u> }		
FLORIDA	REGULATED WASTE ACTIVITY DEP Waste Management Division–HWRS, MS4560						IY) ON		
	2600 Blair Stone Rd. Tallahassee, FL 32399-2400								
FLORIDA		(1	850) 245-870	)7		FEB 0 4 2015	14 <u>11 14 14 14 14 14 14 14 14 14 14 14 14 1</u>		
EPA ID:			T Plé	ease use the instru	ictions document to	PERMITTING & COMPLIAN ompletes the ANCE PROGRAM	<del>КСЕ  </del> Л		
1. Reason for	Mark 'X' in	To provide in			EPA ID Number for h				
1. Reason for Submittal	the correct box:	•		oil activities, or PC		lazardous			
(all submitters must complete pages 1 and 2	(must choose one	To provide su	ibsequent no	tification (to upda	ite status and facility i	identification information)			
and sign page 5. Pages 3 and 4, - com-	if a notification)	To provide th	ne final notifi	ication (closing) fo	or the facility. (see inst	tructions-must complete pages 1,2,	,5)		
plete as applicable)	FL Registration(s)	UW Merc	ury (see pag	ge 3) 🖬 HW	' Transporter (see p	age 4) 🔲 Used Oil (see page	e 4)		
2. Facility or			wnstre	am Insr	ections,				
Business Name	Name of Operator:		13110						
3. Facility Operator	Downstrea	am Inspec	tions, I	nc.	Date became Operator: $\frac{02}{01}$ / $\frac{2}{2}$				
(List additional Opera- tors in the comments	Street or P.O. Box:			·······	Phone Nun	Phone Number:			
section).	2865 Executi	ve Drive, Su	ite A		727-571-1444				
	City or Town: Clearwater			State: FL	Zip Code: 33762	Country (if not USA)			
	Operator Type:	Operator Type: Private Pederal Municipal State County Other							
4. Facility	Physical Street Add	ress:		<u> </u>		Vesse	el		
Physical Location									
Information	City or Town:				State:	Zip Code:			
(No P.O. Boxes)	County:			Country (If	not USA).				
#3 above or:									
5. Facility North A Classification Sys	•	A <u>44</u>	7 1 9	(required	) <b>B</b> . <b> </b>				
Classification Sys Code(s) (at least 5	• •	C.			D.				
6. Facility or	Same address as		rect or P.O B	eox.		<u></u>			
Business	City or Town:			State:	State: Zip/Postal Code: Country (if not USA				
Mailing Address	Clearwater			FL	33762				
7. Facility or Business	First Name: Ronald		Last Name: Miller		Preside	ent			
RCRA	Phone Number:		Extension:	E-Mail:		Fax:			
Contact Person	727-571-144 Street or P.O. Box:	<u> </u>	l	stevem@	stevem@petrolsmart.com 727-531-9389 (Call First)				
Same address as									
# <u>3_</u> above or:	City or Town: Clearwater			State:	Zip Code:	Country (if not USA):			
8. Real Property	Name of Owner.		Date becam	Date became Owner: 05 / 25 / 1990					
(FL Land) Owner of the Facility's	Risser Oil Corporation								
Physical Location (List additional	Street or P O. Box 2865 Executive Driv	e			Phone Number: 727-573-4000				
······					17 C 1.	Zip Code. Country (if not USA)			
owners in the com- ments section )	City or Town:			State:		Country (II not OSA)			
	Clearwater	Private Feder	ral 🖬 Mur	FL	33762				

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No.		
9. RCRA Hazardous	Waste Activities at this	Facility	y: (Mark 'X'	in all tha	t apply):		
(A) (1)Generator of Haza	ardous Waste		For Items	2 through	7, mark 'X' in all	that apply.	
🛛 Yes 🗖 No (Dor	ot include Universal Waste or Used	1 Oil)	(2) Trea	ter, Store	r, or Disposer of F	fazardous Waste	
	e of the following three categor y Generator (LQG):	ries.	(a	t your facil	ity) Note: A hazar may be	dous waste permit required for this activity.	
Generates in ar greater per mor hazardous wast	y calendar month 1,000 kilogra ath (kg/mo) (2,200 lbs.) of non c; or Greater than 1 kg (2.2 lbs) ous waste (at least once a year)	acute		🔲 b. Ор 🔲 с. No	erating Commercia erating Non-Comm n-Operating: Poste rmit or Order (HSV	nercial TSD losure or Corrective Action	
Generates in an 100kg/mo but I lbs.) of non-act	Generator (SQG): y calendar month greater than ess than 1,000 kg/mo (>220 to < the hazardous waste and/or 1 kg of acute hazardous waste ycar)		(4)	Recycler o pecify: lote A pe Exempt B a. Sm	f Hazardous Was Commercial rmit is required for sto coiler and/or Indus all Quantity On-sit	te (at your facility) INOn-Commercial. orage prior to recycling strial Furnace te Burner Exemption	
<ul> <li>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</li> <li>In addition, indicate other generator activities that apply.</li> </ul>			<ul> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> <li>(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.</li> </ul>				
<ul><li>e. Episodic: Not mot</li><li>f. United States Imp</li></ul>	rator (one-time, not on-going) re than one-time per year:SQ orter of hazardous waste cardous and radioactive) Genera		G _		lazardous Waste und Injection Con		
your facility. List then	ederally Regulated Haza in the order they are presented transporters list codes routinely	in the r	egulations (e.g., [	001. D00	3. F007, K019, P01		
1 2	3	4		5	6	7	
8 9	10	11		12	13	14	
15 16	17	18		19	20	21	
11. Other Status Chai	nges (If no longer handling w	aste or c	losed, sections 9	and 10 sho	uld be blank and sl	kip Section 12-16 ):	
<ul> <li>(1) Business no h</li> <li>(B) Facility Closed (Con</li> <li>(1) Closed at this</li> </ul>	ulated Waste at This Facility onger generates, transports, trea uplete this section only if <u>all</u> bus location and moved or moving ess - Business closed on	its, stores siness ac	s, disposes of, or o tivities at this fac	otherwise l ility have d	nandles any regulat seased.) 00-12FL for the new		
(C) Property Tax De	fault		D (D) Peti	tion for B	ankruptcy Protect	tion	
	Activities Contact Inform	nation	(only if this subr	nission is a	registration or reg	istration information update):	
Same as Facility RCRA Contact on page 1 or enter.	ty RCRA First Name:		Last Name			Title:	
	Phone Number	Extension	E-Mail				
Contact for: HW Transporter Used Oil Handler	Street or P.O Box:			L			
Universal Waste	City or Town			State:(Co	untry):	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 2 of 5

Universal Was	e Notification and Mercury Transporter/Handler Registration EPA ID No.							
12. Universa	Waste (UW) Activities (Mark 'X' and complete all that apply) :							
A. Federal Notification	Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,0) of any combination of UW accumulated (at any one time)	<u>10 tb) or more</u>						
	Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 📮 c. Pharmaceuticals							
d. Mercury Containing Devices 🛛 e. Mercury Containing Lamps								
	Destination Facility for UW Note. For this activity, a facility must treat, dispose or recycle a A permit is required for storage prior to recycling	UW.						
B. Florida Un	iversal Pharmaceutical Waste (UPW): one-time registration							
Pharmace	uticals $LQH \approx 5,000$ kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time	2)						
Pharmaco	uticals Acute LQH = more than 1 kg (2 2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UP	W) accumulated						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])								
📮 🛛 Florida U	niversal Pharmaceutical Waste (UPW) Transporter							
C. Florida Ann	ual Mercury Handler Registration:							
(1) This form is	being submitted as a Florida Registration of Universal Waste Transporter/Handler for- me registering       Image: Constraint of Constraints of Universal Waste Transporter/Handler for- me submitted as a Florida Registration of Universal Waste Transporter/Handler for- me registering	<u>hire</u> Activities						
For-hire	<b>Fransporter</b> of Universal Waste Mercury-Containing Lamps or Devices							
_	<b>Fransfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices	Annual						
	Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler	Registration Required						
_	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 +						
-	Containing Lamps $LQH = 2,000 \text{ kg} (4400 \text{ lbs/8},000 \text{ lamps})$ or more accumulated by for-hire handler	one- time \$1,000 fee+ More Requirements						
Mercury-		(contact FDEP)						
•	covery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ime registering D Renewal	Annual Registration Required						
Briefly Describe your	Universal Waste Activities:	Top Bulb Crusher(s).						
13. Other State	Regulated Waste Activities: Petroleum Contact Water (PCW) 🖵 Recovery 🔳 Transp	ort [62-740 F.A.C.]						
	water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to F							

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 Registrat							
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)							
	n operations after receiving approval from the Department.						
A. HW Transporter Registration Information (must be	e completed annually and when this information changes)						
This facility is a registered transporter of hazar	lous 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	ay 🖸 Water 🗖 Other - specify						
<b>B. HW Transfer Facility Registration Information</b> (r	nust 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 th	e 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):						
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 su Transfer Facilities  Rule 62-730.171(3), Florida Administrative C	bmitted in addition to the above registration for Hazardous Waste ode (F.A.C )] <sup>.</sup>						
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if you need to register your used oil activities),						
annually register with the Department using this form. All except Fle \$100 registration fee. This form is: Initial Registration Renewal	<ul> <li>lities, processors, off-specification burners, and/or marketers <u>must</u> prida used oil (UO) Processors and collection centers must pay an annual</li> <li>Notification of changes Cancel Registration</li> <li>payable to Florida Department of Environmental Protection is enclosed.</li> </ul>						
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations	a. Transporter						
□ b. Transfer Facility	b. Transfer Facility						
(2) Collection Center (From businesses, <u>no more than</u> .55 gal per shipment)	<ul> <li>c. Processor (Annual Report Required )</li> <li>d. End User</li> </ul>						
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,						
(4) D Off-Specification Used Oil Burner	FAC, are kept at (check one): Our mailing (business) address The site (facility) address						
(5) Used Oil Fuel Marketer 🛛 On-Spec 🖵 Off-Spec	- Our maning (business) address - wir rite site (laointy) address						
	l						
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	nitted in addition to the 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 requiren	nents and required signature page	EPA ID No.		- <u></u>			
(14 cont.) Hazardous Waste Transfer Facilities following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a						
Certification by a responsible corporate officer	• • • •		of				
	tes (F S.) [Rule 62-730.171(3)(a)1., F A	•					
	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., FA.C ]			<u> </u>			
<ul> <li>(15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Sect</li> <li>ALL registered UO Handlers must submitheir own company.</li> </ul>	ion 15:	nsporting UO from nonce	ontigue	ous operations within			
<ul> <li>UO transporters transporting off-site over</li> <li>UO transporters transporting more than 5<sup>th</sup> submission as a certified used oil transporters</li> </ul>	00 gallons/year must submit proof of in	nsurance annually, and mu	ıst sigr				
	Evidence of Liability Insurance pu			C. is attached.			
customers will handle the PCW from the vehicle when it is not working.	nere. The address provide	d in 8. above is th	ne lo	cation of the			
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belies false information, including the possibility of fine as	alified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the information su are that there are signification	ıbmitte	ed. The information			
□ 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	Tìtle					
-	Print Name and R. Steven Miller,		A.C	financial responsi- Date Signed			
-			A.C Used Oil	financial responsi- Date Signed (mm-dd-yyyy)			
-			A.C Oil	financial responsi- Date Signed (mm-dd-yyyy)			
-	R. Steven Miller,	President	A.C Used Oil	financial responsi- Date Signed (mm-dd-yyyy)			

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