

FLORIDA DEPARTMENT OF

ENVIRONMENTAL PROTECTION
BOB MARTINEZ CENTER

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

02/18/2015 Mike Isom, Safety Environmental Manager Kelly Tractor Company 8255 NW 58th St Doral, FL 33166-3406

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 **Kelly Tractor Company** located at **8255 NW 58th St, Doral**, **FL33166-3493**

FLD981925811

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Small Quantity Generator; Universal Waste Batteries, Universal Waste Lamps.

Your facility is **currently registered** for the following activities: **Used Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility** (reg exp on 06/30/2016).

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=FLD981925811. 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: 57627 , Email Address: Mike Isom@kellytractor.com

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

(850) 245-8707

(for FDEF Official Use Only) ENVIRONMENTAL PROTECTION

FEB 0 4 2015

EPA ID: F L D 9 8 1 9 2 5 8 1 1 Please use the instructions document to complete PROGRAM

		_ 	<u> </u>							
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	(must choose one To provide subsequent notification (to update status and facility identification information).									
and sign page 5 Pages 3 and 4, - com-	if a notification)	☐ To provide the	e final notifica	tion (closing	g) for the f	îacility. (see instruc	tions-r	must complete pages 1,2,5)		
plete as applicable)							,			
2. Facility or Business Name	KELLY TRACTOR CO.									
3. Facility	Name of Operator:	: :::::::::::::::::::::::::::::::::::::				Date became (Operate	or:// ⁰⁸		
Operator (List additional Opera-	KELLY TRA	ACTOR C	<u>O.</u>			 				
tors in the comments section).	Street or P.O. Box: 8255 NW 58 S	STREET				Phone Number 305-592-5	5360			
	City or Town: DORAL			State FL	e:	Zip Code: 33166	Co	ountry (if not USA).		
	Operator Type:	■Private □Fed	ieral Mun	ricipal 🔲	State \Box	County Oth	er			
4. Facility Physical	Physical Street Addre	ess:					□Vessel			
Location Information (No P.O. Boxes)	City or Town:		State:		Zip Cc	Zip Code:				
Same address as #3 above or:	Country: Country (if not USA)									
5. Facility North An		A. <u> 8 1 </u>	131	0 (requ	nred) B	3. <u>4 4 </u>	1 2	2 2 9		
Classification Syst Code(s) (at least 5	· · · · · · · · · · · · · · · · · · ·			0	D.		 _			
6. Facility or	Same address as	Same address as #3 above or: Street or P.O. Box:								
Business Mailing Address	City or Town:	City or Town:			Zip/I	/Postal Code:	Co	ountry (if not USA)		
7. Facility or Business	First Name:	Last Name: ISOM					NVIRONMENTA	.L		
RCRA Contact Person	Phone Number 305-592-536	30	Extension: 1302	E-Mail: Mike_		kellytractor.com		Fax: none		
	Street or P.O. Box:									
Same address as # <u>3</u> above or:	City or Town:	City or Town:				Zip Code:		Country (if not USA):		
8. Real Property (FL Land) Owner	Name of Owner: KELLY TF	RACTOR	CO.			1 _	Date became Owner://1971 New Owner mm dd yy			
of the Facility's Physical Location (List additional	Street or P.O. Box: 8255 NW 58 Street					Phone Number: 305-592-5360				
owners in the com- ments section)	City or Town: DORAL		,	State: FL	, , , , , ,	Zip Code: 33166	1 .			
Same address as #3 above or:	Owner Type:	Owner Type: Private Federal Municipal State County Other								

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLD981925811				
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that 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)			il)	(2) Treater, Storer, or Disposer of Hazardous Waste					
If YES, Choose only		-		(at	your facil	lity) Note: A hazar may be	dous waste permit required for this activity.		
Generates in greater per in hazardous v	month (kg/mo) (i vaste; or Greater	(LQG): onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs) least once a year)		į	□ b. Op□ c. No	perating Commercian perating Non-Common-Operating: Poste	al TSD nercial TSD closure or Corrective Action		
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			200	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					
(2.2 lbs) or l (at least one	less of acute haz	ardous waste			_				
(at least one	e a year)			ſ			te 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			ss	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					
_	In addition, indicate other generator activities that apply. OR the authorization you received from FDEP.								
d. Short-Term G			1.00	(6)	Receives l	Hazardous Waste	from Off-Site		
		me per year:SQG_	_LQG	(7)	Undergro	und Injection Cor	ntrol		
f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator									
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 D001 ² D	0007	3	4		5	6	7		
8 9		10	11		12	13	14		
15 16		17	18		19	20	21		
11. Other Status C	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 Wast	e at This Facility (S	ections 9,	10 and 12-16	should be	e blank.)			
(1) Business	no longer genera	tes, transports, treats,	stores, di	sposes of, or	otherwise l	handles any regulat	ted waste.		
(B) Facility Closed (Complete this section only if <u>all</u> 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):									
Same as Facility RCR/Contact on page 1 or en				st Name:	E-Mail:		Title:		
Contact for.	I none ivan	iber.		dension.	E-Man.				
HW Transporter	Street or P.	O. Box:	_		-	-			
Used Oil Handler Universal Waste	City or Tov	vn:			State:(Co	ountry):	Zip Code:		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD98	1925811						
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. Pharmace	uticals						
d. Mercury Containing Devices 🖪 e. Mercury Conta	ining 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 time)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPV	V) accumulated						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	alth [DOH])						
C. Florida Annual Mercury Handler Registration:							
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							
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 Requir							
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 + one- time \$1,000 fee+						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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: Old batteries are stored inside waiting for pick up by the same supplier who delivers new batteries to us. Fluorescent lamps are stored in the long cardboard boxes waiting for pickup by handlers who provide the correct paperwork.							
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 Registrati	ons	EPA ID No. FLD981925811					
4. 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. E	Both commercial and own waste					
4. Transportation Mode Air Rail 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 Fac	•						
This form is: Initial Registration Renewal	Notification of ch	anges 🗀 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): 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	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 <u>must annually register</u> 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 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. Transpo						
■ b. Transfer Facility	b. Transfe	· · · · · · · · · · · · · · · · · · ·					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	sor (Annual Report Required) ser					
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,					
(4) Gff-Specification Used Oil Burner	1 '	at (check one):					
(5) Used Oil Fuel Marketer	Uur mailir	ng (business) 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.							

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLD98	192	25811			
(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 responsib		•					
A brief general description of the transfer facilit							
A copy of the facility closure plan [Rule 62-730		,					
_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							
 ALL registered UO Handlers must submit their own company. 		nsporting UO from noncon	ntiguo	us operations within			
UO transporters transporting off-site over	public highways only within their owr	company must submit pro	of 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).							
·	Evidence of Liability Insurance pur			C. is attached.			
are a self-transporter because we are t	ransporting our own oil.						
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 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)			
Nike Isom	Mike Isom, Safety & I	Environmental		01/29/2015			
		-					
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)	(F-mail Address)					