

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

04/02/2015 Kyle Lapic, EHS Triumvirate Environmental Florida Inc 3701 SW 47th Avenue Ste 109 Davie, FL 33314

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 **Triumvirate Environmental Florida Inc** located at **3670 SW 47th Ave #109, Davie , FL33314**

FLD981018773

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Conditionally Exempt SQG; Universal Waste Batteries, Universal Waste Pesticides, Universal Waste Lamps, Universal Waste Devices, Universal Pharmaceuticals, Universal Pharmaceutical Transporter; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter**, **UW Lamp Transfer Facility**, **UW Device Transfer Facility**, **UW Lamp SQH**, **UW Device SQH (reg exp on 03/01/2016)**; **HW Transfer Facility (reg exp on 06/30/2015)**; **Used Oil CollectorUsed Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Marketer**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility** (reg exp on 06/30/2015); **Used Oil Filter Processor** (reg exp on 06/30/2015).

Your facility is currently permitted/active as: Used Oil Processor (exp on 11/19/2017).

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: 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=FLD981018773. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Environmental Manager

Kobin K. Pandley

Hazardous Waste Regulation Section

ME ID: 50649, Email Address: klapic@triumvirate.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 Date Received

(for FDEP Official Use Only)

EVV. AS A PROPERTY.

FEB 20 2015

EPA ID: F L	D 9 8 1 0 1 8 7 7 3 Please use the instructions document to complete this form														
1. Reason for Submittal	Mark 'X' in the correct box:														
(all submitters must complete pages 1 and 2		To provid	ie su	bsequent	t notifi	icati	on (to upda	ate stati	us and fa	scility id	lentific	ation	inform	natior	1).
and sign page 5. Pages 3 and 4, - com-	if a notification)	☐ To provid	de th	ie final n	otifica	ıtion	ı (closing) fo	or the fa	acility. (s	see instr	ruction	s-m	ust cor	nplet	e pages 1,2,5)
plete as applicable)	FL Registration(s)	■ UW M	Aercı	ury (see	page î	3)	■ HW	Trans	sporter	(see pa	ige 4)		Used	d Oil	(see page 4)
2. Facility or Business Name	TRIUM	VIRAT	Ε	EN	VIF	₹C	NME	ΞN.	TAL	_ (F	LC	R	ID/	A)	, INC.
3. Facility	Name of Operator: TRIUMVIRATE E	ENVIRONI	4FN	ITAL (F	- I OR	IDA	1) INC.			became	-			/12	/ 2011 d
Operator (List additional Opera-	Street or P.O. Box:						·, ·····			New Operator mm dd yy Phone Number:					
tors in the comments section).	3701 SW 47	TH AVE	<u>ΞΝ</u> '	UE S	<u>UIT</u>	E	109		954	4-58					- ·· <u>-</u>
	City or Town: DAVIE	<u></u>					State: FL		Zip C 3331			Cou	intry (ii	fnot	USA):
	Operator Type:	Private	Fer	deral 🗆	Mun	iicip	oal Stat	te 🔲	County	y □ 0	ther_				
4. Facility Physical	3670 SW 47T	Physical Street Address: Uvessel 3670 SW 47TH AVENUE													
Location Information (No P.O. Boxes)	City or Town: DAVIE								State FL			р Сос 331			
Same address as #3 above or:	County: BROWARD	1					Country (if	not US	SA):						
5. Facility North At Classification Sys		a. <u>5</u>	6	2 1	11	2	(required) B	.						
Code(s) (at least 5	, ,	c.	5 6 2 1 1 2 (required) B.												
6. Facility or	Same address as	# <u>3</u> above or	:: Str	eet or P.	O. Box	κ:									
Business Mailing Address	City or Town:					Sta	ate:	Zip/F	Postal C	ode:		Cou	ntry (if	not U	JSA):
7. Facility or Business	First Name: Last Name LAPI										/ENT	AL H	IEAL1	 TH 8	SAFETY
RCRA Contact Person	Phone Number: 954-583-3795					E-Mail: Fax: KLAPIC@TRIUMVIRATE.COM 954-583-8017				3017					
 	Street or P.O. Box:		_	<u></u> -	-					<u></u> -					
■ Same address as #_3_above or:	City or Town:			State:			Zip Co	Zip Code:			Country (if not USA):				
8. Real Property	Name of Owner:					_			Date 1	became	e Own	er: 08	8 /12	2 /2	2011
(FL Land) Owner	TRIUMVIRATE E	ENVIRONM	1EN	TAL (F	LOR	IDA	A), INC.			New	v Own	er	mr	m d	ld yy
of the Facility's Physical Location (List additional	Street or P.O. Box:							P	Phone N	Jumber	:				- ··· - ·
owners in the com- ments section.)	City or Town:					S	State:		Zip C	ode:		C	ountry	(if no	ot USA):
Same address as # 4 above or:	Owner Type:	Private DF	Fede	ral 🔲	Munic	 cipa!	1 State		L County	Oth	ner	<u> </u>			

R	CRA Ha	zardou	s Waste	Status No	tification or Out c	f Busi	iness Notifica	tion	EPA ID	No. FL	D9810	18773	
9.	RCRA	Haza	rdous V	Waste Act	ivities at this Fa	cility	: (Mark 'X'	in all tha	t apply):				
(<i>A</i>	(1)Ge	nerator	of Hazaı	rdous Waste	2		For Items	2 through	7, mark	'X' in all	that apply.	· · · · · · · · · · · · · · · · · · ·	
Į	Yes	□ No	(Do no	t include Univ	versal Waste or Used O	il)	(2) Trea	ater, Store	r, or Disp	oser of H	azardous V	Vaste	
			-		wing three categories	3 .	(a	t your faci	lity) Note		dous waste p	permit this activity.	
	a.	General greater hazardo	tes in any per mont ous waste	th (kg/mo) (2 ; or Greater	(LQG): onth 1,000 kilogram 2,200 lbs.) of non-act than 1 kg (2.2 lbs) least once a year)			b. O ₁	_	ommercia on-Comm	I TSD nercial TSD losure or Co	rrective Action	
	□ b.	Generat 100kg/r lbs.) of (2.2 lbs	tes in any no but le non-acut	ss than 1,000 e hazardous of acute haza	onth greater than 0 kg/mo (>220 to <2 waste and/or 1 kg	,200	2	Recycler of Specify: Note: A per Exempt I a. Sn	of Hazard Commemit is requestional Boiler and hall Quant	ous Wast nercial nired for sto l/or Indus ity On-site	te (at your fa Non-Cor orage prior to strial Furna e Burner Ex-	nmercial. recycling.	
		Generat (220 lbs (2.2 lbs	es in any s.) of non) or less o	-acute hazar of acute haza	onth 100 kg/mo or le dous waste and 1 kg ardous waste		(5)	Person Av Waste C Choose t EITHER	uthorized Generated This manag a copy of	to Manag at Other ement act your app	ge Condition Facilities ivity ONLY lication for s	nally Exempt if you attach such authorization	
1	In addition, indicate other generator activities that apply. d. Short-Term Generator (one-time, not on-going)					6 □	OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site						
	e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator					` '							
10.	your f	acility. I	List them	in the order	Regulated Hazai they are presented i ist codes routinely o	n the re	egulations (e.g.,	D001, D00	3, F007, F	K019, P01	2, U112).	wastes handled at	
¹ D	001		² D002		³ D003	⁴ D0	06	⁵ D007		⁶ D008		⁷ D011	
8 D	035		⁹ D039		¹⁰ F001	11F0	002	¹² F003		¹³ F004	ļ	¹⁴ P001	
¹⁵	2012		¹⁶ P07	['] 5	¹⁷ U010	¹⁸ U	035	¹⁹ U058	3	²⁰ U05	9	²¹ U132	
11	. Othe	r Statu	s Chan	nges (If no	longer handling was	ste or c	losed, sections 9	and 10 sh	ould be bla	ank and sl	kip Section 1	12-16):	
	B) Facil	1) Busir lity Close 1) Close	ness no lo	onger genera	e at This Facility (Stes, transports, treats ction only if all busing moved or moving to stoles on	, stores	, disposes of, or tivities at this fa	otherwise cility have w Form 87	handles ar			fyou will	
	(C) 1	Property	Tax De	fault			(D) Pet	ition for E	Bankrupto	y Protect	tion		
12	-14 —	Registi	ation A	Activities	Contact Inform	ation	(only if this sub	mission is	a registrat	ion or reg	istration info	ormation update):	
Same as Facility RCRA Contact on page 1 or enter:			Last Name:										
Co	ntact for:			Phone Num			Extension:	E-Mail:				····	
		ansporter		Street or P.	J. Box:								
		il Handler al Waste		City or Tow	'n:			State:(C	Country):		Zip Code:		

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPAID No. FLD98	1018773
12. Univers	al 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 of any combination of UW accumulated (at any one time)	lb) or more
	Accumulates: 💂 a. UW Batteries 🔲 b. Pesticides 🛄 c. Pharmacet	ıticals
	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.	W.
B. Florida U	niversal Pharmaceutical Waste (UPW): one-time registration	
Pharma	ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	
Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
☐ Revers	e 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 An	nual Mercury Handler Registration:	
(1) This form	enerate lamps and/or devices or manage pharmaceuticals, do not register or complete the infinite is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hotime registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg	<u>ire</u> Activities
— 1 II st	The registering Achievan Color-time 31,000 fee for Meredry for-line first time EQ11 fee	istration is attached
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual
	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration
_	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required
Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	
☐ Mercu	ry-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+
☐ Mercu	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)
	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering Renewal	Annual Registration Required
Briefly Describe yo	ur Universal Waste Activities:	op Bulb Crusher(s).
;		
	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo	-

	<u>_</u>	The state of the second of the
Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No. FLD981018773
14. HW Transporter Activities: (Mark 'X' and complete all the	hat apply if you need	l to register your HW Transporter activities)
Transporters of and Transfer Facilities for Hazardous Was renew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detaile changes. Registered transporters and transfer facilities may only begin Generators of hazardous waste who transport waste only within the	pursuant to 62-730.1 ed on page 5 the first to operations after rece	70(2)(a) is required in addition to this registration. ime they register and when the information iving approval from the Department.
A. HW Transporter Registration Information (must be	completed annually	y and when this information changes)
This facility is a registered transporter of hazard	lous waste.	
This form is: 🔲 Initial Registration 🔲 Renewal	☐ Notification of	changes
☐ 1. For own waste only ☐ 2. For commercial	purposes 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	nust be completed as	nnually and when this information changes)
■ This facility is a Hazardous Waste Transfer Fac	cility: (at this location	on) Storage Volume 300 DRUMS
		changes 🔲 Cancel Registration
Note: Hazardous Waste transfer facilities must comply with the	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 provision Our mailing (business) address	ns of Rule 62-730.17 The site (facility) a	
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	insfer Facility:
Please see the top of page 5 for additional items that must be sul Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co		o the above registration for Hazardous Waste
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	f you need to register your used oil activities),
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facil annually register with the Department using this form. All except Flo \$100 registration fee. This form is: Initial Registration Renewal	orida used oil (UO) Pr	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. Transpe	orter
■ b. Transfer Facility	b. Transfe	•
(2) Collection Center (From businesses, no more than 55 gal per shipment)	c. Proces	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	l <u> </u>	at (check one):
(5) Used Oil Fuel Marketer On-Spec Off-Spec	• Our maili	ng (business) address
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	l nitted in addition to t	the above registration and fees required for non-

Transfer Facility and Used Oil Transporter require	ements and required signature page	EPA ID No. FLD9	810	18773
(14 cont.) Hazardous Waste Transfer Facilities following items are required to be submitted with the subsequent submission [Rule 62-730.171(3), Florida 20	initial notification for a transfer facility a			
Certification by a responsible corporate office	eer of the transporter that the proposed locatutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.		î	
Evidence of the transporter's financial respon	· · · · ·	-		
A brief general description of the transfer fac				
A copy of the facility closure plan [Rule 62-		, 1		
A copy of the contingency and emergency pl				
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 addition to the requirements on Page 4 Se				
 ALL registered UO Handlers must sub- their own company. 	mit an annual report except generators tra	insporting UO from noncon	tiguoi	is operations wit
• •	ver public highways only within their own	n company must submit pro	of of i	insurance.
	s 500 gallons/year must submit proof of in			
submission as a certified used oil transp	porter 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 pu	rsuant to 62-710.600(2)(e).,	F.A.0	C. is attached.
7. Certification: I certify under penalty of law t accordance with a system designed to assure that	qualified personnel properly gather and o	evaluate the information sub	mitte	
submitted is, to the best of my knowledge and be false information, including the possibility of fine				d. The informati
I certify as a Used Oil Transporter that I at				d. The informati alties for submit
bility is demonstrated by the Used Oil Transporte	ning program in place covering the applic	able used oil rules. Evidend	vernin	d. The informati alties for submit g used oil transp
bility is demonstrated by the Used Oil Transporte Signature of owner, operator, or an	ning program in place covering the applic	cable used oil rules. Evidence form 62-730.900(5)(a), F.A	vernin	d. The informati alties for submit g used oil transp inancial respons
bility is demonstrated by the Used Oil Transporte	ning program in place covering the applic or Certificate of Liability Insurance, DEP	cable used oil rules. Evidence form 62-730.900(5)(a), F.A	vernin ce of f	d. The informati alties for submit g used oil transp inancial respons Date Signed (mm-dd-yyy
bility is demonstrated by the Used Oil Transporte Signature of owner, operator, or an	ning program in place covering the applicer Certificate of Liability Insurance, DEP Print Name and	cable used oil rules. Evidence form 62-730.900(5)(a), F.A Title RAL MANAGER	vernin ce of f A.C Used Oil	d. The informati alties for submit g used oil transp inancial respons Date Signed (mm-dd-yyy
bility is demonstrated by the Used Oil Transporte Signature of owner, operator, or an	ning program in place covering the applicer Certificate of Liability Insurance, DEP Print Name and	cable used oil rules. Evidence form 62-730.900(5)(a), F.A Title RAL MANAGER	vernin ce of f A.C Used Oil	d. The informatical desired for submitted gused oil transpinancial respons Date Signed (mm-dd-yyy)
bility is demonstrated by the Used Oil Transporte Signature of owner, operator, or an	program in place covering the applicate Certificate of Liability Insurance, DEP Print Name and JOHN LENNON, GENE	cable used oil rules. Evidence form 62-730.900(5)(a), F.A Title RAL MANAGER	vernin ce of f A.C Used Oil	d. The informatialties for submit g used oil transpinancial respons Date Signed (mm-dd-yyy
Signature of owner, operator, or an authorized representative If the person that filled in this form is not the Faci	Print Name and JOHN LENNON, GENE	cable used oil rules. Evidence form 62-730.900(5)(a), F.A Title RAL MANAGER	vernin ce of f A.C Used Oil	d. The informatical ties for submit g used oil transpinancial responsionancial responsionancial for the control of the control