

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD

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

JONATHAN P. STEVERSON SECRETARY

06/02/2015 Kelly Brandenburg, Mgr Regulatory Affairs Cliff Berry Inc - Fort Pierce Facility PO Box 13079 Fort Lauderdale, FL 33316-0100

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 **Cliff Berry Inc - Fort Pierce Facility** located at **400 Angle Rd, Fort Pierce , FL34946**

FLR000009266

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 Lamps, Universal Waste Devices, Universal Pharmaceuticals; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter**, **UW Lamp SQH**, **UW Device SQH (reg exp on 03/01/2016)**; **HW Transporter** (reg exp on 06/30/2016); **Used Oil CollectorUsed Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility** (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: <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=FLR000009266</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: 36809 , Email Address: <u>kbrandenburg@cliffberryinc.com</u>

| 8700-12FL - FLORIDA NOTIFICATION O REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 | | | | | | | F Date Received (for FDEP Official Use Only) | | |
|--|--|---|---------------------------------------|----------------------------|---------|-------------------------------------|---|--------------------------|------------------------|
| FLORIDA | 3 \ | 2600 Blair Stone I | | • | | | | ENVIRONMEN | EIVED AL PROTECTION |
| EPA ID: F L | R 0 0 0 0 | 0926 | 6 Please | use the instruc | tions o | locument to c | omplete this form | APR 1 | 0 2015 |
| 1. Reason for Submittal (all submitters must | the correct box: | tial notification waste, used oil ac | tivities, or PCV | V activ | ities). | ardous ntification information | ASSISTANC | COMPLIANCE (EPRCCPAM | |
| complete pages 1 and 2 and sign page 5. Pages 3 and 4, - com- | if a notification) | | | | | | | | |
| plete as applicable) | FL Registration(s) | UW Mercu | ury (see page 3) | HW 1 | Fransp | orter (see pag | ge 4) 🛄 Used O | il (see page 4) | |
| 2. Facility or Business Name | | Cliff B | erry, Ind | c Ft. | Pie | erce Fa | acility | | |
| 3. Facility Operator | Name of Operator: Cliff Berry | Inc. (CBI) | <u></u> | | | Date became | | <u>/ 1995</u> dd yy | |
| (List additional Opera- tors in the comments | Street or P.O. Box: P.O. Box 130 | ····· | <u> </u> | | | Phone Numb (954) 76 | per: | uu yy | |
| section). | City or Town: Fort Lauderdale | | | State: FL | | Zip Code: 33316 | Country (if no | t USA): | |
| | Operator Type: | Private DFee | leral 🛛 Munic | cipal 🛛 State | | County 🛛 Ot | ther | | |
| 4. Facility Physical | Physical Street Add 400 Angle Road | | - | | | | | Vessel | |
| Location Information (No P.O. Boxes) | City or Town: Fort Pierce | | | | | State: FL | Zip Code: 34946 | | |
| Same address as #3 above or: | ^{County:} St. Lucie | | <u> </u> | Country (if r | ot USA | A) : | | | |
| 5. Facility North A Classification Sys | stem (NAICS) | <u>A. <u>5</u>6</u> | <u> 2 1 1 </u> 2 | (required) | В. | | | | |
| Code(s) (at least 5 | Same address as | C. | eet or P.O. Box | | D. | | <u> </u> | | |
| 6. Facility or Business Mailing Address | City of Town: | | | State: | Zip/Pc | ostal Code: | Country (if not | USA): | |
| 7. Facility or Business | First Name: Last Name: Collins | | | | | Title: ESOH Director | | | |
| RCRA Contact Person | Phone Number: (954) 763-3 | E-Mail: scollins@a | · · · · · · · · · · · · · · · · · · · | | Fax: | 3-8375 | | | |
| Same address as | Street or P.O. Box: | - | | | | | | | |
| # <u>3_</u> above or: | City or Town: | | | State: | | Zip Code: | Country (if | not USA): | |
| 8. Real Property (FL Land) Owner | Name of Owner: C-2 Holdi | | | Date became Owner:/ / 2005 | | | | | |
| of the Facility's Physical Location | Street or P.O. Box: | <u></u> | | Phone Number: | | | · · | | |
| (List additional owners in the com- ments section.) | P.O. Box 350123 City or Town: State Fort Lauderdale FL | | | | [6 | 254) 763-3390 Zip Code: 33335 | | f not USA): | |
| Same address as #above or: | | Private DFede | ral 🛛 Munici | pal State | Do | County Oth | ner | | |

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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

| | rdous Waste | e Status Notifi | cation or Out o | f Busine | ss Notifi | catio | n EP. | A ID No. FLI | R00000 | 9266 | |
|--|---|---|---|--|--|--|--|--|--|---|--|
| 9. RCRA H | lazardous ' | Waste Activ | ities at this Fa | cility: | (Mark ' | X' in | all that app | oly): | | | |
| (A) (1)Gener | ator of Haza | rdous Waste | | | For Ite | ms 2 t | hrough 7, m | ark 'X' in all | that apply | • | |
| | No (Dono | ot include Univers | al Waste or Used O | vil) | (2) ไ | reater | , Storer, or | Disposer of H | azardous V | Waste | |
| If YES, Ch | oose only one | e of the followin | g three categories | i. | | (at yo | our facility) | Note: A hazaro | | | |
| Ge gr ha | a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year) | | | | may be required for this activity. a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Deprint on Order (USWA attached) | | | | | | |
| Ge 10 Ib: (2 | _ | | | | 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 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 Furnace Exemption (5) Person Authorized to Manage Conditionally Exemption 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. | | | | | | |
| e. Epis | odic: Not mor ed States Impo | orter of hazardo | per year:SQG | | | | | ardous Waste Injection Con | | ,ut | |
| your faci | lity. List then | n in the order th | gulated Hazar ey are presented in | r dous W n the regul | lations (e | g., D0 | 01, D003, F0 | 007, K019, P01 | 2, U112). | | |
| your faci Haz | lity. List then ardous waste | n in the order th transporters list | ey are presented in codes routinely or | r dous W n the regul r usually ti | lations (e | .g., D0 d. Use | 01, D003, F0 comments o | 007, K019, P01 or an additional | 2, U112). I page if mo | ore spaces an | |
| your faci | lity. List then | n in the order th transporters list | ey are presented in codes routinely or Rarely K | r dous W n the regul | lations (e | .g., D0 d. Use | 01, D003, F0 comments o | 007, K019, P01 | 2, U112). I page if mo | | |
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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

| A. Feder Notificat | 1 - | | | | | | | | | |
|--|---|---|--|---|---|---|--|--|--|--|
| | | Accumulates: 🗰 a. UW Batteries 🔲 b. Pesticides 🛄 c. Pharmaceuticals | | | | | | | | ceuticals |
| | | | d. | Mercury Cont | aining Dev | ices | | e. Mer | cury Con | taining Lamps |
| | | Destination Fac | ility for UV | | | a facility mus equired for sto | | | | a UW. |
| B. Florid | da Universa | l Pharmaceuti | cal Waste | e (UPW): oi | ne-time r | egistration | 1 | | | |
| D Pł | narmaceuticals | LQH = 5,000 kg or | more of U | niversal Pharma | aceutical Wa | aste (UPW) a | ccumula | ted (at a | ny one tir | ne) |
| 🖵 Pł | armaceuticals | Acute LQH = more | e than 1 kg | (2.2 lb) of acute | ely hazardou | 1s ("P-listed") |) pharma | ceutical | waste (U | PW) accumulate |
| | everse Distrib | utor of Universal P | harmaceuti | cal Waste (UP | W) (must be | registered with | h the Flor | ida Depa | rtment of H | lealth [DOH]) |
| 🔲 Fl | orida Universa | l Pharmaceutical W | aste (UPW) |) Transporter | | | | | | |
| C. Florid: For-hire tr Devices op [Chapter 62 Mercury-C | ransporters, berating in th 2-737, F.A.C. ontaining Lar | transfer facilities e State of Florid]. A one-time fee nps and Devices a lamps and/or dev | s, handler a are requ of \$1,000 as detailed | s, reclamation aired to regist is required fo in 62-737.40 | ter annual or first time 0(3)(a)3. (j | lly with the registration please contac | Depar as a La t FDEP | t ment u arge Qu first). | using thi antity fo | s section of the r-hire Handler |
| C. Florida For-hire tr Devices op [Chapter 62 Mercury-C If you or (1) This f | ransporters, erating in th 2-737, F.A.C. ontaining Lar aly generate | transfer facilities e State of Florid.]. A one-time fee nps and Devices a lamps and/or dev submitted as a] | s, handler a are requ of \$1,000 as detailed vices or m Florida R | s, reclamatio iired to regis is required fo in 62-737.40 anage pharm egistration of | ter annual r first time 0(3)(a)3. (j naceuticals f Universa | lly with the registration please contacts, do not rep al Waste Tr | Depart n as a La t FDEP gister o anspor | tment u arge Qu first). r comp ter/Ha | using thi lantity fo lete the ndler <u>fo</u> | s section of th r-hire Handler information b |
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| Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLR000009266 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 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 📕 Highway 🗋 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 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 the 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 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 complete 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</u> <u>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 IN Notification of changes IC 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 Management (must annually register) | | | | | | | | | | |
| a. Transporter (off-site) and noncontiguous locations a. Transporter | | | | | | | | | | |
| b. Transfer Facility b. Transfer Facility | | | | | | | | | | |
| (2) Collection Center (From businesses, no more than 55 gal per shipment) Collection Center (From businesses, no more than 55 gal per | | | | | | | | | | |
| (3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510, | | | | | | | | | | |
| (4) I Off-Specification Used Oil Burner FAC, are kept at (check one): III Our mailing (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 submitted in addition to the above registration and fees required for non- | | | | | | | | | | |
| exempt Used Oil Transporters. | | | | | | | | | | |

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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

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| Transfer Facility and Used Oil Transporter requirem | ents and required signature page | EPA 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 In addition to the requirements on Page 4 Secti ALL registered UO Handlers must submit their own company. UO transporters transporting off-site over | on 15: an annual report except generators tra public highways only within their own | n company must submit pro | ofofi | nsurance. | | | | | |
| UO transporters transporting more than 50 submission as a certified used oil transpor | | | | and certify this | | | | | |
| The used oil annual report is attached | Evidence of Liability Insurance put | | | C. is attached. | | | | | |
| 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 familiar with the applicable Florida and Federal laws and rules governing used oil transpor- tation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsi- bility 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) | | | | | |
| | Richard E. Gathright, P | resident & COO | | 02-16-2015 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| If the person that filled in this form is not the Facilit | y Contact or Operator please comp | | | | | | | | |
| Steve Collins (954) 594-3873 scollins@cliffberryinc.com | | | | | | | | | |
| (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