

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

09/03/2015 Jonathan Drew, President Drew Fuel Services Inc 4101 Ravenswood Road #309 Fort Lauderdale, FL 33312

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 **Drew Fuel Services Inc** located at **4101 Ravenswood Rd #309, Ft Lauderdale , FL 33312-5353**

FLR000194274

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Non-Handler of Hazardous Waste; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on 06/30/2016)**; **Used Oil Transporter, Used Oil Filter Transporter (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: http://www.dep.state.fl.us/waste/categories/hwRequlation/pages/NotificationRegulatedWaste.htm.

To review the details of your status, visit:

https://fideploc.dep.state.fl.us/www RCRA/Reports/handler results.asp?epaid=FLR000194274. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us

Sincerely,

Robin K. Pandley For

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 105969 , Email Address: jon@drewfuelservices.com



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)

AUG 1 9 2015

NOF PRO

EPA ID:	F L	R	0	0 0	1	9 4	2		7	4	Please use the instructions document to complete this form														
1. Reason for Submittal		Mark 'X' in 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. Pages 3 and 4, - com- plete as applicable)		(must choose one if a notification) To provide subsequent notification (to update status and facility identification information). To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)																							
		FLI	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)																						
2. Facility or Business Na	i	Drew Fuel Services, Inc.																							
3. Facility Operator		Name of Operator: Drew Fuel Services, Inc.									Date became Operator: 04 /17 / 13 New Operator mm dd yy														
(List additional Optors in the commersection).		Street or P.O. Box: 4101 Ravenswood Road, Suite 309									Phone Number: 954-306-6853														
		City or Town: Ft. Lauderdale						State: FL					Zip Code: Country (if not USA): 33312												
		Ope	Operator Type: Private Pederal Municipal State County Other																						
4. Facility Physical		Phys	Physical Street Address:																						
Location Information (No P.O. Boxes)	-	City or Town:								S	State: Zip Code:														
Same address as #3 above or:		Cou	Country: Country (if not USA):																						
5. Facility North A		nerican Industry A. 56				<u> </u>	<u> 2 2 1 9</u>			9	(requ	(required) B.			5 6 2 9 1 0										
Code(s) (at	-					C.	<u>5</u>	6	3 8	<u>.</u>	9	9	8	1			D.	_	_ _	_ _					
6. Facility or		Same address as # above or: Street or P.O. Box:																							
Business Mailing Add	dress	City or Town:						State:			ate:		Zip	p/Postal Code:			Coi	Country (if not USA):							
7. Facility or Business RCRA Contact Person		1 1130 1 (44113)						ast Name: Drew					President												
	rson	Phone Number: 954-306-6853 Extension:							on:		E-Mail: jon@drewfuels			elser	Fax: 954-337-0426										
Same addres	ec ac	Street or P.O. Box:																							
#3_above		ĺ							State:	ate: Zip Code: Country (if not			ot USA)):											
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the com- ments section.)	wner	Name of Owner:									Date became Owner:/ New Owner mm dd yy														
	ation	Street or P.O. Box:									Phor	Phone Number:													
	n-	City or Town: State:								•	Zi	Zip Code: Country (if not USA):													
Same address as #3 above or:		Owner Type: Private Pederal Municipal State County Other																							

RCRA Hazardous Waste Status Notification or Out of Business					ness Notifi	cati	on	EPA ID	No.FLF	300019	4274	
9. RCRA Hazar	dous V	Waste Act	ivities at this Fac	cility	: (Mark '	X' iı	n all tha	t 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)				(2) Treater, Storer, or Disposer of Hazardous Waste								
If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG):					(at your facility) Note: A hazardous waste permit may be required for this activity.							
Generat greater p hazardo	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)					 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Permit or Order (HSWA, etc.) 						
Generati 100kg/n lbs.) of i (2.2 lbs)	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 (2.2 lbs) or less of acute hazardous waste (at least once a year)					 (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.					(5)	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 OR the authorization you received from FDEP.						
d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator					(6) (7)	(6) Receives Hazardous Waste from Off-Site						
Hazardou	ist them s waste to	in the order	they are presented in ist codes routinely or	the re usuall	gulations (e.	g., D J. U	0001, D00 se comm	03, F007, k	K019, P01 additional	2, U112).	e spaces are neede	
	2		3	4			5		6		7	
	9		10	11			12		13		14	
15	16		17	18			19		20		21	
11. Other Status	s Chan	iges (If no	longer handling wast	e or cl	losed, section	ıs 9	and 10 sh	ould be bla	ink and sk	ip Section 1	2-16):	
(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if all 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 — Registr	ation A	Activities (Contact Informa	tion	· -	subn	nission is	a registrat	ion or reg	istration info	ormation update):	
Same as Facility R Contact on page 1 c		First Name: Phone Num	her:		Last Name: Extension:		E-Mail:			Title:		
Contact for:					2,110110111							_
HW Transporter Used Oil Handler		Street or P.O										
Universal Waste		City or Tow			State:(Country):			Zip Code:				

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00	0194274								
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 Contai	ning 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 (UPW	/) accumulated								
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	lth [DOH])								
Florida Universal Pharmaceutical Waste (UPW) Transporter	·								
C. Florida Annual Mercury Handler Registration:									
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 ☐ Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler ☐ Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required								
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +								
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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: NONE We use Drum Top Bulb Crusher(s).									
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	EPA ID No. FLR000194274								
14. HW Transporter Activities: (Mark 'X' and complete all t	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	☐ 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 (n	nust be completed an	nnually and when this information changes)							
☐ This facility is a Hazardous Waste Transfer Fa	cility: (at this location	on) Storage Volume							
This form is: Initial Registration Renewal	Notification of c	changes							
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 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 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 Filto	er Management (must annually register)							
a. Transporter (off-site) and noncontiguous locations	a. Transp								
☐ b. Transfer Facility		er Facility							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	ssor (Annual Report Required) ser							
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510, at (check one):							
(4) Off-Specification Used Oil Burner		ng (business) address The site (facility) address							
(5) Used Oil Fuel Marketer		, , , , , , , , , , , , , , , , , , , ,							
Please see the top of page 5 for additional items that must be subsexempt Used Oil Transporters.	l nitted in addition to	the above registration and fees required for non-							

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No.FLROOC	194274						
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adr	tial notification for a transfer facility a								
Certification by a responsible corporate officer									
	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 prief 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 copy of the contingency and emergency prair [Rule 02-730.171(3)(a)0., F.A.C.] A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]									
A map or maps of the transfer facility [Kule 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. 	an annual report except generators tra	ensporting UO from nonconti	guous operations within						
UO transporters transporting off-site over	public highways only within their own	n company must submit proof	of insurance.						
 UO transporters transporting more than 50 	00 gallons/year must submit proof of in	nsurance annually, and must s	ign and certify this						
submission as a certified used oil transpor	ter 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.C. is attached.						
17. Certification: I certify under penalty of law that accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belief false information, including the possibility of fine at a light certify as a Used Oil Transporter that I am the	falified personnel properly gather and of, true, accurate, and complete. I am and imprisonment for knowing violation	evaluate the information subm ware that there are significant ns. d Federal laws and rules gove	nitted. The information penalties for submitting rning used oil transpor-						
tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter (Signature of owner, operator, or an		form 62-730.900(5)(a), F.A.							
authorized representative	Trint Name and	C	(mm-dd-yyyy)						
MIM	Jonathan L	Drew	08-17-2015						
			3						
]						
If the person that filled in this form is not the Facilit	y Contact or Operator, please comp	lete the information below:							
Brooke Tully 95	54-306-6853 brod	oke@drewfuelservic	es.com						
(Name of person completing this form)	(Phone Number)	(E-mail Address)							