

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

12/08/2015 Greg Giordano, Pres Med Alliance 1227 E Madison St Unit 506 Tampa, FL 33602

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 **Med Alliance** located at **3899 Ulmerton Rd Unit P, Clearwater , FL 33762-4270**

FLR000217323

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste; Universal Pharmaceutical 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>https://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000217323</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

Robin K. Pandley

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 119112 , Email Address: greg@medalliancewm.com

STREAMENTAL MOTECTON		12FL - FLO REGULATE DEP Waste Manage	D WAST	Е АСТ	TIVITY	7	EN	(for	Date Rec FDEP Offic	ceived ial Use Only)
FLORIDA	- L	2600 Blair Stone		see, FL 32	-			DE	EC 0820	15
			, ,					ACTOR	ING & COM	PLIANCE
EPA ID:			Plea	use use the	e instructi	ons doc	ument to c	omplete	e this form	AJK/ANI
1. Reason for Submittal (all submitters must complete pages 1 and 2	Mark 'X' in the correct box: (must choose one	To provide in waste, universaTo provide su	l waste, used o	il activities	s, or PCW	activities	s).		on informatio	m).
and sign page 5. Pages 3 and 4, - com-	if a notification)	To provide th	e final notific	ation (clo	osing) for th	ne facility	. (see instru	ictions-	-must comple	te pages 1,2,5)
plete as applicable)	FL Registration(s)	UW Merc	ury (see page	3)	HW Tr	ransport	er (see pag	ge 4)	Used Oi	il (see page 4)
2. Facility or Business Name			N	led A	Allian	ice				
3. Facility Operator	Name of Operator: Greg Gioro	lano				Da	te became	Operat	tor: <u>12</u> /01	/ 2015
(List additional Opera- tors in the comments section).	Street or P.O. Box: 1227 E. Madi	son Street U	nit 506				one Numb 3-260-			
	City or Town: Tampa, FL 33606				State:	33	602	H	Country (if not Hillsboroug	
	Operator Type:	Private Fe	deral UMu	inicipal	State	Cou	nty 🛛 Ot	her		·
4. Facility Physical	Physical Street Adda 3899 Ulmerton					- 				Vessel
Location Information (No P.O. Boxes)	City or Town: Clearwater				5 I 10 I	St F	ate: L	Zip (337	Code: 762	n ga na zere na na na
Same address as #3 above or:	County: Pinellas			Cou	intry (if not	: USA):		<u> </u>		
5. Facility North An Classification Sys	•	A.		(r	required)	В.				
Code(s) (at least 5	· · ·	C.				D.				
6. Facility or	Same address as	#3 above or: Str	eet or P.O. Bo	ox:						
Business Mailing Address	City or Town:			State:	Zi	ip/Posta	Code:	C	ountry (if not	USA):
7. Facility or Business	First Name: Greg		Last Name: Giordan	0	.	Titl Pr				
RCRA Contact Person	Phone Number: 813-260-005	51	Extension:	E-M gree		alliance	ewm.com	า	Fax: 813-463-	0077
	Street or P.O. Box:									
Same address as # <u>3</u> above or:	City or Town:			State FL	e:		Code: 602		Country (if 1	not USA):
8. Real Property	Name of Owner:	11 4				Dat	e became (Owner:	07 / 02 /	2008
(FL Land) Owner of the Facility's	Vlora Prop	perties1						Owner	mm	dd yy
Physical Location (List additional	Street or P.O. Box: 16485 US Highway	19 North				Phone	Number:			
owners in the com- ments section.)	City or Town: Clearwater			State: FL	•		Code: 764		Country (if r	iot USA):
Same address as #_FL_above or:	Owner Type:	Private Feder	al 🛛 Muni	icipal	State	Coun	y D Othe	er		

 $y_{i} = 1, \dots, n^{n-1}$

			ination or Out of P	usinos	ss Notificatio	n	EPA ID No			
			ication or Out of B				hat annly).			
			ities at this Facil	ity:			ugh 7, mark 'X'	in all that	annly.	
(A)		Hazardous Waste					orer, or Dispose			ste
	Yes 📕 No 🛛 🤇	(Do not include Univer	sal Waste or Used Oil)							
If		ly one of the followi			(at y	our fa	facility) Note: A	nazardous	uired for th	is activity.
	Generates	antity Generator (L in any calendar mor	th 1,000 kilograms of	ſ		a.	. Operating Com	mercial TS	SD	
	oreater net	r month (kg/mo) (2,2	200 lbs.) of non-acute			b.	. Operating Non-	Commerc	ial TSD	
	hazardous of acute ha	waste; or Greater th azardous waste (at le	an T kg (2.2 lbs) east once a year)			с.	. Non-Operating: Permit or Order	Postclosu (HSWA,	re or Corre etc.)	ective Action
-		ntity Generator (S)G):		(3) 🛛 R	ecycl	ler of Hazardou	s Waste (a	at your faci	ility)
	Generates	in any calendar mo	th greater than	0	Sn	ecify	: Commerce A permit is require	cial 🔲	Non-Comr	nercial.
	100kg/mo	but less than 1,000 on-acute hazardous v	kg/mo (>220 to <2,20	10						
	(2.2 lbs) o	or less of acute hazar	dous waste		(4) 🖬 I		pt Boiler and/or . Small Quantity	On-site B	urner Exer	nption
	(at least of	nce a year)] b	. Smelting, Melt	ing, and R	efining Fu	rnace Exemption
	c. Condition	ally Exempt SQG	(CESQG):		-					
	Generates	s in any calendar mo of non-acute hazard	nth 100 kg/mo or less		(5) L P	Mag	n Authorized to ste Generated at	Other Fa	cilities	
	(220 lbs.) (2.2 lbs) of	or less of acute hazar	dous waste			Choc	ose this managen HER a copy of ye	nent activi	tv ONLY i	if you attach
						EITH OR t	HER a copy of ye the authorization	you recei	ved from F	DEP.
I	n addition, indica	te other generator	activities that apply.		6		ives Hazardous			
	d. Short-Term	n Generator (one-tim	e, not on-going) ne per year:SQG_	LQG						
	 e. Episodic: N f. United State 	es Importer of hazar	dous waste	_ `	(7)	Unde	erground Inject	ion Contr	01	
Ī	g. Mixed Was	ste (hazardous and ra	adioactive) Generator							
10		C Federally, I	Dogulated Hazar	lous	Wastes: List	the w	waste codes of the	e Federal l	hazardous	wastes handled at
10.										
	Hazardous	s waste transporters l	ist codes routinely or	usually	transported.	Jse co 5	onninents of all as	ditional p	age 11 mor	7
1		2	3	4		$\frac{5}{12}$		13		14
8	1	9	10	11				20		21
15		16	17	18		19		2 V		
	Other Status	s Changes (Ifno	longer handling was	te or clo	osed, sections 9	and	10 should be bla	nk and ski	p Section	12-16):
H	(A) Non Handler	of Regulated Wast	te at This Facility (S	ections	; 9, 10 and 12-1	6 sho	ould be blank.)			
	(A) INUII-ITAIIUICI	less no longer genera	ites, transports, treats,	stores,	disposes of, or	other	rwise handles an	y regulate	d waste.	
		d (Complete this se	ection only if all busin	less act	ivities at this fa	cility	have ceased.)			
	(D) racinty Close	ed at this location and	d moved or moving to	anothe	er - Submit a ne	w Fo	orm 8700-12FL f	or the new	location it	f you will
		a at this isotation and								
	(2) Out o	of Business - Busine	ss closed on				(date)			
C	(C) Property	Tax Default					n for Bankrupte			formation undeta).
12	2-14 — Registr	ration Activities	Contact Inform	ation	(only if this sul	omiss	sion is a registrat	ion or regi	stration inf	
E	Same as Facility I	RCRA First Name			Last Name:					
	Contact on page 1	or enter: Phone Nu	mber:		Extension:	E	-Mail:			
СГ	ontact for:	Street or F	P.O. Box:							
	HW Transporter Used Oil Handler					S	tate:(Country):		Zip Code:	
	Universal Waste	L (ify of 1 (own:							
						1				11 12 2010 D 0 -6

8. B. T

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 April 23,2013 Page 2 of 5

2. Unive A. Federal Notification		e (UW) Activities (Mark 'X' and complete all that apply) : Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb</u> of any combination of UW accumulated (at any one time))) or more
1 William Carlo		Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuti	cals
		d. Mercury Containing Devices 🛛 e. Mercury Containing	
		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.	7.
B. Florida	a Universa	I Pharmaceutical Waste (UPW): one-time registration	
		- 27 5 000 los or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	1 4 4
	ticala	A super LOH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical wave (0^{-1})	accumulated
	verse Distrib	outor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health	n [DOH])
		Mercury Handler Registration:	
Devices o form [Cha of Mercur If you <u>o</u>	perating in apter 62-737 y-Containin <u>nly</u> generat	rs, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Contain the State of Florida are required to register annually with the Department using this 7, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quanti- ing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). The lamps and/or devices or manage pharmaceuticals, do not register or complete the in	formation b
Devices o form [Cha of Mercur If you <u>o</u> (1) This	perating in apter 62-737 y-Containin <u>nly</u> generat form is bein First time reg	the State of Florida are required for first time registration as a Large Quanting 7, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quanting Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). te lamps and/or devices or manage pharmaceuticals, do not register or complete the in first submitted as a Florida Registration of Universal Waste Transporter/Handler for-first gistering Image gistering Image Renewal Image One-time \$1,000 fee for Mercury for-hire first time LQH registering	formation be
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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 April 23,2013 Page 5 01.

zardous Waste and Used Oil Transporter Registrations		EPA ID No.		antivition)	-
Wark 'X' and complete all that a	apply if you nee	d to register your HW 1	ransporte	r activities)	
ransporters of and Transfer Facilities for Hazardous Waste i enew their registration. Evidence of casualty/liability insurance pur ansfer facilities must submit several additional documents as detailed o hanges. Registered transporters and transfer facilities may only begin op encertars of hazardous waste who transport waste only within the b	n the State of suant to 62-730. n page 5 the first erations after rec poundaries of th	Florida are required 170(2)(a) is required in active time they register and which eiving approval from the eir facility should not re	Idition to the nen the info Departmen	is registration. rmation t.	y
HW Transporter Registration Information (must be co	mpleted annua	ly and when this inform	mation cha	inges)	
This facility is a registered transporter of hazardou	s waste.				
This form is: Initial Registration Renewal	Notification of poses	. Both commercial and o	wn waste	on	
4. Transportation Mode Air Rail Highway	U Water	Other - specify			
P. HW Transfer Facility Registration Information (mus	st be completed	annually and when th	is informat	tion changes)	
D. This facility is a Hazardous Waste Transfer Facil	ity: (at this loc	ation) Storage Volume			
This form is: 🔲 Initial Registration 🔲 Renewal 🖵	Notification of	changes - Cancer			
Note: Hazardous Waste transfer facilities must comply with the	equirements of	Rule 62-730.171, F.A.C	, and Rule	62-730.182, F.	. A. C
Note: Hazardous Waste transfer facilities must comply with the r The Transfer Facility records required under the provision	ons of Rule 62-7	30.171(6) , F.A.C., are k	ept at (che	ck one):	
U Our mailing (business) address					 .
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for th	s Transfer Facility:		Harandous W	
Please see the top of page 5 for additional items that must be Transfer Facilities [Rule 62-730.171(3), Florida Administrative	submitted in ad Code (F.A.C.)]:	dition to the above regis			
15. Used Oil and Oil Filter Activities: : (Mark 'X' and comp	plete all that app	ly if you need to registe	r your used	d oil activities),	,
Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facil <u>annually register</u> with the Department using this form. All except Flo	ities, processors rida used oil (UC Notificatic), payable to Flor	, off-specification burned)) Processors and collection n of changes Ca ida Department of Enviro	rs, and/or on centers i ncel Regi onmental Pr	marketers <u>mus</u> must pay an ann stration otection is encle	<u>st</u> nual
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oi	Filter Management (mu	st annually	register)	
a. Transporter (off-site) and noncontiguous locations		ansporter			
		ransfer Facility	(boguired		
□ b. Transfer Facility		Processor (Annual Report I	(equiled)		
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)		End User		Dule 62-710 51	10
(3) Used Oil Processor (A permit is required.)	(7) The reco	ords required under the pr e kept at (check one):	ovisions of	Kule 02-710.01	- ~ ,
(4) Off-Specification Used Oil Burner		mailing (business) addre	ess 🔲 Th	ne site (facility)	ado
 (5) Used Oil Fuel Marketer On-Spec Off-Spec 					
	1				
Please see the top of page 5 for additional items that must be sub	1.114	an to the above registra	tion and fe	es required for	r no

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 April 23,2013 Page 4 of 5

ransfer Facility and Used Oil Transporter requirement	nts and required signature page	EPA ID No.	
14 cont.) Hazardous Waste Transfer Facilities: I ollowing items are required to be submitted with the initial of the submitted with the initial of the submitted with the submitted with the submitted with the initial of the submitted with the initial of the submitted with the submitted w	In addition to the registration require al notification for a transfer facility inistrative Code (F.A.C.)] :		e 4, Section 14, the submitted with any
til and a state officer O	f the transporter that the proposed to	cation satisfies the criteria of	
Certification by a responsible corporate officer of Section 403.7211(2), Florida Statute	s (F.S.) [Rule 62-730.171(3)(a)1., F.	A.C.]	
Section 403.7211(2), Florida Statute	ility [Rule 62-730.171(3)(a)3., F.A.C	C.]	
Evidence of the transporter's financial responsion	u operations [Rule 62-730.171(3)(a)	4., F.A.C.]	
A brief general description of the transfer facility	171(3)(a)5., F.A.C.]		
A brief general description of the arrival and a copy of the facility closure plan [Rule 62-730	[Pule 62-730 171(3)(a)6., F.A.C.]		
A copy of the facility closure plan [A copy of the contingency and emergency plan]	730 171(3)(a)7., F.A.C.]		
A copy of the contrigency and the g [Rule 62- A map or maps of the transfer facility [Rule 62-	730.171(3)(a)7.9		
(15 cont.) Used Oil Transporters: (Exemptions in	40 CFR 279.40(a)(1-4))		
In addition to the requirements on Page 4 Section	on 15:	transporting UO from noncontig	guous operations wi
• ALL registered UO Handlers must submit	t an annual report except generation	A -	
their own company.	a tot totala	our company must submit proof	f of insurance.
 UO transporters transporting off-site over UO transporters transporting more than 5 	00 gallons/year must submit proof of	of insurance annually, and must	sign and certify this
 UO transporters transporting more than 5 submission as a certified used oil transpo 	rter in section 17 (except those exemp	ted by Rule 62-710.600(1), F.A.C.):	
	Evidence of Liability Insurance	pursuant to 62-710.600(2)(e)., I	F.A.C. is attached.
The used oil annual report is attached 16. Comments (attach a page if more space is nee			
 17. Certification: I certify under penalty of law accordance with a system designed to assure that submitted is, to the best of my knowledge and be false information, including the possibility of firming the possibility of the system of th	elief, true, accurate, and complete. I	olations.	
accordance with a system designed to define a submitted is, to the best of my knowledge and be false information, including the possibility of fir	elief, true, accurate, and complete. I he and imprisonment for knowing vi	olations.	overning used oil tr
accordance with a system designed to submitted is, to the best of my knowledge and be false information, including the possibility of fir	elief, true, accurate, and complete. I the and imprisonment for knowing vi and familiar with the applicable Flor	ida and Federal laws and rules g	overning used oil transce of financial resp
accordance with a system designed to submitted is, to the best of my knowledge and be false information, including the possibility of fir	elief, true, accurate, and complete. I the and imprisonment for knowing vi and familiar with the applicable Flor ining program in place covering the ter Certificate of Liability Insurance	ida and Federal laws and rules g applicable used oil rules. Evide , DEP form 62-730.900(5)(a), F	overning used oil transce of financial resp
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