



## 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

03/09/2016

Jessica Pennington, Environmental Compliance Manager

Florida Transformer Inc

P O BOX 507

Defuniak Springs, FL 32433-3960

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 **Florida Transformer Inc** located at **4509 State Highway 83 N, Defuniak Springs , FL 32433-3960**

**FLR000168203**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator.**

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

Your facility is **currently permitted/active** as: **Used Oil Processor (exp on 10/26/2017).**

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:

[https://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000168203](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000168203).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

*Robin K. Pandley*  
*Jav*

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 74617 , Email Address: [jpennington@emeraldtransformer.com](mailto:jpennington@emeraldtransformer.com)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

Date Received  
(for FDER Official Use Only)  
ENVIRONMENTAL PROTECTION

FEB 18 2016

EPA ID FLR000168203

PERMITTING & COMPLIANCE  
ASSISTANCE PROGRAM

## 1. Reason for Submittal

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)  
☒ To provide subsequent notification ☒ As a component of the Hazardous Waste Report.  
☐ Is this the final notification (see instructions) for the facility?

FL Registration(s) ☐ UW Mercury (page 3) ☒ HW Transporter (page 4) ☒ Used Oil (page 4)

## 2. Facility or Business Name

FLORIDA TRANSFORMER, INC

## 3. Facility Operator (List additional Operators in the comments section).

### A. Name of Operator:

FLORIDA TRANSFORMER INC

Date Became Operator : 01/01/1980  
☐ New Operator mm dd yy

### Street or P.O. Box:

4509 ST HWY 83 NORTH

### Phone Number:

(850) 333-8772

### City or Town:

DEFUNIAK SPRINGS

### State:

FL

### Zip Code:

32433-

### Country (if not USA):

US

Operator Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☒ Other

## 4. Facility Physical Location Information (No P.O. Boxes)

Physical Street Address: 4509 ST HWY 83 NORTH

City or Town: DEFUNIAK SPRINGS

State: FL

Zip Code: 32433-

County: WALTON

Country (if not USA):

## 5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. 335311 (required)

B.

C.

D.

## 6. Facility or Business Mailing Address

Street or P.O. Box: 4509 ST HWY 83 NORTH

City or Town: DEFUNIAK SPRINGS State: FL Zip Code: 32433-

## 7. Facility or Business RCRA Contact Person

First Name: JESSICA

Last Name: PENNINGTON

Title: DIRECTOR ENVIR

Phone Number: (850) 333-8772 Extension: 2462-18-16

Email: jpennington@emeraldtransformer.com

Street or P.O. Box: PO BOX 507

City or Town: DEFUNIAK SPRINGS

State: FL

Zip Code: 32433-

Country (if not USA):

## 8. Real Property (Land) Owner of the Facility's Physical Location

### Name of Owner:

VERSATILE PROCESSING GROUP

### Date Became Owner :

☐ New Owner 08/13/2006  
mm dd yy

### Street or P.O. Box:

9820 WESTPOINT DRIVE SUITE 300

### Phone Number:

(317) 577-9300

### City or Town:

INDIANAPOLIS

### State:

IN

### Zip Code:

46256-

### Country (if not USA):

US

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☒ Other

**9. RCRA Hazardous Waste Activities at this Facility (Mark 'X' in all that apply):****A. (1) Generator of Hazardous Waste**

(Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

- ☒ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of nonacute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste

- ☐ 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

- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste

In addition, indicate other generator activities that apply

- ☐ d. Short-Term Generator (one-time, not on-going)  
☐ e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG  
☐ f. United States Importer of Hazardous Waste  
☐ g. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity

- ☐ a. Operating Commercial TSD  
☐ b. Operating Non-commercial TSD  
☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial, ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste generated at other facilities -**

Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

**(6) Receives Hazardous Waste from Off-Site****(7) Underground Injection Control****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, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

D001	D002	D005	D007	D018	F003	F005

☐ **11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.

**B. Facility Closed**

- ☐ 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.  
☐ 2. Out of Business - Business closed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date).

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

Same as Facility RCRA Contact on page 1 or enter:	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:

**12 Universal Waste (UW) Activities ( Mark 'X' in all that apply) ("accumulated" means at any one time):****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. Pharmaceuticals  
☐ d. Mercury Containing Devices ☐ e. Mercury Containing 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 Health [DOH])  
☐ Florida Universal Pharmaceutical Waste (UPW) Transporter

**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  
☐ 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 by for-hire handler  
☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration +  
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.

☐ 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)]

**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.

☐ 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 0 00

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, FAC, and Rule 62-730.182, FAC.

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 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 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)**

- ☒ a. Transporter  
☒ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☒ Used Oil Processor (A permit is required)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ ☒

**(6) Used Oil Filter Management (must annually register)**

- ☐ a. Transporter  
☐ b. Transfer Facility  
☐ c. Processor  
☐ d. End User

**(7) The Transfer Facility records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

☐ Our mailing (business) address ☒ The site (facility) 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.**

**(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 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.

UO transporters transporting off-site over public highways only within their own company must submit proof 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.).

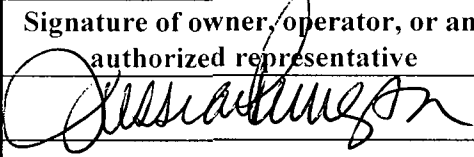
☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments** (attach a page if more space is needed):

Land Type: ☐ Private ☐ Federal ☐ Municipal ☒ State

**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. 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)
	JESSICA PENNINGTON DIRECTOR OF ENVIRONMENTAL COMPLIANCE	<input checked="" type="checkbox"/>	02/13/2016
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

Jessica Pennington  
(Name of person completing this form)

8508922711  
(Phone Number)

jpennington@emeraldtransformer.com  
(E-mail Address)

# Hazardous Waste Generation, Treatment, and Shipping Summary Report

02/16/2016

Biennial Hazardous Waste Report electronic data submission summary.

**FLORIDA TRANSFORMER, INC**

ST HWY 83 NORTH

DEFUNIAK SPRINGS, FL 32433

**NAICS 335311**

Power, Distribution, and Specialty Transformer Manufactu

## Waste Generation and Management Information

Generated, Treated, Shipped Tons

**FLR000168203**

<b>GM Page: 00001</b>	<b>SLUDGE BYPRODUCT OF OIL PROCESSING DECHLORINATION FOR THE REMOVAL OF P</b>	
	<b>CBS.</b>	
<b>W603</b>	Oily sludge (not W512 contaminated muds)	<b>14.88 Tons</b>
<b>G09</b>	Other production or service-related processes(where the waste is a direct	
D002 D018		
<hr/>		
<b>Shipped to: ALD981020894</b>	H141 Storage, bulking, and/or transfer off-site - no	<b>14.88 Tons</b>
<b>GM Page: 00002</b>	<b>USED MINERAL SPIRITS FROM POWER DISTRIBUTION EQUIPMENT PARTS AND COMPO</b>	
	<b>NENTS WASHING IN THE REPAIR PROCESS.</b>	
<b>W203</b>	Concentrated non-halogenated (E.G. non-chlorinated) solvent	<b>3.77 Tons</b>
<b>G01</b>	Dip, flush or spray rinsing (using solvents to clean or prepare parts or	
D001		
<hr/>		
<b>Shipped to: ALD981020894</b>	H061 Fuel blending prior to energy recovery at another site.	<b>3.77 Tons</b>
<b>GM Page: 00003</b>	<b>USED PAINT BOOTH FILTERS</b>	
<b>W310</b>	Filters, solid adsorbents, ion exchange resins and spent carbon (usually	<b>20.65 Tons</b>
<b>G13</b>	Cleaning out process equipment (periodic sludge or residual removal from	
D001 D005 F003 F005		
<hr/>		
<b>Shipped to: ALD981020894</b>	H061 Fuel blending prior to energy recovery at another site.	<b>20.65 Tons</b>
<b>GM Page: 00004</b>	<b>PAINT EQUIPMENT CLEANING SOLVENT/USED PAINT</b>	
<b>W209</b>	Paint, ink, lacquer, or varnish (fluid, not dry or sludgy)	<b>1.46 Tons</b>
<b>G01</b>	Dip, flush or spray rinsing (using solvents to clean or prepare parts or	
D001 D005 F003 F005		
<hr/>		
<b>Shipped to: ALD981020894</b>	H061 Fuel blending prior to energy recovery at another site	<b>1.46 Tons</b>
<b>GM Page: 00005</b>	<b>USED MEDIA BLAST FROM PAINT PREP PROCESS</b>	
<b>W319</b>	Other inorganic solids (specify in comments)	<b>0.96 Tons</b>
<b>G07</b>	Product and by-product processing (direct flow of wastes from Chemical	
D007		
<hr/>		
<b>Shipped to: ALD981020894</b>	H141 Storage, bulking, and/or transfer off-site - no	<b>0.98 Tons</b>

**Waste Generation and Management Information**

Generated, Treated, Shipped Tons

**GM Page: 00006**

GC/PCB ANALYTICAL LABORATORY SAMPLE PREP WASTE.

**W119**

Other inorganic liquid (specify in comments)

**0.68 Tons****G22**

Laboratory analytical wastes (used chemicals from laboratory operations))

D001

D002

**Shipped to: ALD000622464**

H141

Storage, bulking, and/or transfer off-site - no

**0.68 Tons**


This information has been reviewed by:

  
JESSICA PENNINGTON

(850

2/16/16  
333 STR



<b>SEND THE COMPLETED FORM TO:</b> The Appropriate State or Regional Office	<div style="text-align: center;"> <b>United States Environmental Protection Agency</b>  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b> </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;"> RECEIVED  FEB 18 2016 </div>  </div>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).  <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).  <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.  <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)  <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)           </div> <div style="text-align: right;"> <b>PERMITTING &amp; COMPLIANCE ASSISTANCE PROGRAM</b> </div> </div> <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	<b>EPA ID Number:</b> FLR000168203		
<b>3. Site Name</b>	<b>Name:</b> FLORIDA TRANSFORMER, INC		
<b>4. Site Location Information</b>	<b>Street Address:</b> 4509 ST HWY 83 NORTH		
	<b>City, Town, or Village:</b> DEFUNIAK SPRINGS		<b>County:</b> WALTON
	<b>State:</b> FL	<b>Country:</b> US	<b>Zip Code:</b> 32433-
<b>5. Site Land Type</b>	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	<b>A.</b> 335311		<b>B.</b>
	<b>C.</b>		<b>D.</b>
<b>7. Site Mailing Address</b>	<b>Street or P.O. Box:</b> 4509 ST HWY 83 NORTH		
	<b>City, Town, or Village:</b> DEFUNIAK SPRINGS		
	<b>State:</b> FL	<b>Country:</b> US	<b>Zip Code:</b> 32433-
<b>8. Site Contact Person</b>	<b>First Name:</b> JESSICA		<b>MI:</b>
	<b>Last:</b> PENNINGTON		
	<b>Title:</b> DIRECTOR ENVIR COMPLIANCE		
	<b>Street or P.O. Box:</b> PO BOX 507		
	<b>City, Town, or Village:</b> DEFUNIAK SPRINGS		
	<b>State:</b> FL	<b>Country:</b> US	<b>Zip Code:</b> 32433-
	<b>Email:</b> jpennington@emeraldtransformer.com		
<b>9. Legal Owner and Operator of the Site</b>	<b>A. Name of Site's Legal Owner:</b> VERSATILE PROCESSING GROUP		<b>Date Became Owner:</b> 08/18/2006
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		
	<b>Street or P.O. Box:</b> 9820 WESTPOINT DRIVE SUITE 300		
	<b>City, Town, or Village:</b> INDIANAPOLIS		<b>Phone:</b> (317) 577-9300
	<b>State:</b> IN	<b>Country:</b> US	<b>Zip Code:</b> 46256-
	<b>B. Name of Site's Operator:</b> FLORIDA TRANSFORMER INC		<b>Date Became Operator:</b> 01/01/1980
	<b>Operator Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.****Y ☒ N ☐ 1. Generator of Hazardous Waste**

If "Yes" mark only one of the following - a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

- Y ☐ N ☒ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

- Y ☐ N ☒ e. United States Importer of Hazardous Waste

- Y ☐ N ☒ f. Mixed Waste (hazardous and radioactive) Generator

**Y ☒ N ☐ 2. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☒ Transporter  
☐ Transfer Facility

**Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for these activities**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)**  
Note. A hazardous waste permit may be required for this activity**Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, Refining Furnace Exemption

**Y ☐ N ☒ 6. Underground Injection Control****Y ☐ N ☒ 7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities Complete all parts 1 - 2.****Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste ( you accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**Manage or  
Accumulate

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other ☐  
f. Other ☐  
g. Other ☐

**Y ☐ N ☒ 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities -Complete all parts 1-4.****Y ☒ N ☐ 1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☒ a. Transporter  
☒ b. Transfer Facility

**Y ☒ N ☐ 2. Used Oil Processor and/or Re-refiner -**  
If "Yes", mark all that apply.

- ☒ a. Processor  
☐ b. Re-refiner

**Y ☐ N ☒ 3. Off-Specification Used Oil Burner****Y ☒ N ☐ 4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☒ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1 Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Wastes**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D005	D007	D018	F003	F005

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐N ☒

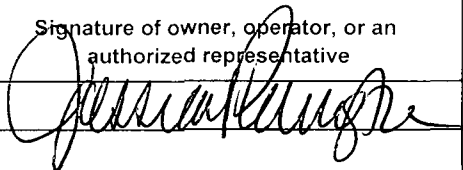
Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form, Notification for Managing Hazardous Secondary Material.

**13. Comments**

jpennington@emeraldtransformer.com

**14. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	JESSICA PENNINGTON DIRECTOR OF ENVIRONMENTAL COMPLIANCE	02/13/2016

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME FLORIDA TRANSFORMER, INC  
4509 ST HWY 83 NORTH  
DEFUNIAK SPRINGS, FL 32433EPA ID NO: FLR000168203

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>SLUDGE BYPRODUCT OF OIL PROCESSING DECHLORINATION FOR THE REMOVAL OF PCBS.</b>		
B. EPA Hazardous Waste Code(s) <b>D002 D018</b>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G09</u> Management Method code for Source code G25	E. Form Code <u>W603</u>	F. Quantity Generated in 2015 <u>29,770.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>B</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ALD981020894</u>	C. Off-site Management Method code shipped to <u>H141</u>	D. Total quantity shipped in 2015 <u>29,770.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Oily sludge (not W512 contaminated muds) FROM: Other production or service-related processes (where the waste is a direct outflow or result - specify in comments) Waste Min: BAD Waste Minimization CODE

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2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>USED MINERAL SPIRITS FROM POWER DISTRIBUTION EQUIPMENT PARTS AND COMPONENTS WASHING IN THE REPAIR PROCESS.</b>		
	B. EPA Hazardous Waste Code(s) <b>D001</b>		
D. Source Code <u>G01</u> Management Method code for Source code G25		E. Form Code <u>W203</u>	F. Quantity Generated in 2015 <u>7,554.00</u> UOM <u>1</u> Density <u>0.00</u> spec.grav.
		G. Waste minimization code <u>A</u>	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)								
	<table border="1"> <thead> <tr> <th colspan="2">ON-SITE PROCESS SYSTEM 1</th> <th colspan="2">ON-SITE PROCESS SYSTEM 2</th> </tr> </thead> <tbody> <tr> <td>On-site Management Method code</td> <td>Quantity treated, disposed, or recycled on-site in 2015</td> <td>On-site Management Method code</td> <td>Quantity treated, disposed, or recycled on-site in 2015</td> </tr> </tbody> </table>		ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015						

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
	Site 1	B. EPA ID No. of facility to which waste was shipped <u>ALD981020894</u>	C. Off-site Management Method code shipped to <u>H061</u>	D. Total quantity shipped in 2015 <u>7,554.00</u>
	Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
	Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments	Concentrated non-halogenated (E.G. non-chlorinated) solvent FROM: Dip, flush or spray rinsing (using solvents to clean or prepare parts or assemblies for further processing - i.e. painting or assembly) Waste Min: BAD Waste Minimization CODE
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U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

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FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>USED PAINT BOOTH FILTERS</b>		
B. EPA Hazardous Waste Code(s) <b>F005</b>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G13</u> Management Method code for Source code G25	E. Form Code <u>W310</u>	F. Quantity Generated in 2015 <u>41,300.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>N</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ALD981020894</u>	C. Off-site Management Method code shipped to <u>H061</u>	D. Total quantity shipped in 2015 <u>41,300.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Filters, solid adsorbents, ion exchange resins and spent carbon (usually from remediation, production, or FROM: Cleaning out process equipment (periodic sludge or residual removal from enclosed processes including internal scrubbing or cleaning) Waste Min: Unsuccessful

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2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>PAINT EQUIPMENT CLEANING SOLVENT/USED PAINT</b>		
B. EPA Hazardous Waste Code(s) <b>F005</b>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G01</u> Management Method code for Source code G25	E. Form Code <u>W209</u>	F. Quantity Generated in 2015 <u>2,930.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>N</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ALD981020894</u>	C. Off-site Management Method code shipped to <u>H061</u>	D. Total quantity shipped in 2015 <u>2,930.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments	Paint, ink, lacquer, or varnish (fluid, not dry or sludgy) FROM: Dip, flush or spray rinsing (using solvents to clean or prepare parts or assemblies for further processing - i.e. painting or assembly) Waste Min: Unsuccessful
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U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

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FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>USED MEDIA BLAST FROM PAINT PREP PROCESS</b>		
B. EPA Hazardous Waste Code(s) <b>D007</b>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G07</u> Management Method code for Source code G25		E. Form Code <u>W319</u>	F. Quantity Generated in 2015 <u>1,934.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.
		G. Waste minimization code <u>N</u>	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ALD981020894</u>	C. Off-site Management Method code shipped to <u>H141</u>	D. Total quantity shipped in 2015 <u>1,964.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Grit blast used to remove paint Other inorganic solids (specify in comments) FROM: Product and by-product processing (direct flow of wastes from Chemical manufacturing or processing, etc.) Waste Min Unsuccessful

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2015 Hazardous Waste Report

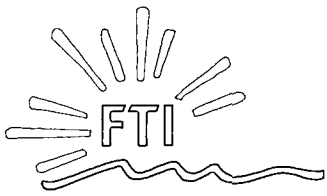
GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description GC/PCB ANALYTICAL LABORATORY SAMPLE PREP WASTE.		
B. EPA Hazardous Waste Code(s) D001 D002		C. State Hazardous Waste Code(s)	
D. Source Code G22 Management Method code for Source code G25	E Form Code W112	F.Quantity Generated in 2015 UOM 1 Density 0.00 lb./gal.	G.Waste minimization code N

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ALD000622464	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2015 1,375.00
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Lab waste from sample prep includes N-Hexance, Sulfuric Acid, mixed with PCBs. Other inorganic liquid (specify in comments)  
FROM:Laboratory analytical wastes (used chemicals from laboratory operations)) Waste Min: Unsuccessful



FLORIDA TRANSFORMER, INC.

P.O. BOX 507 • DEFUNIAK SPRINGS, FLORIDA 32435

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February 17, 2016

Erin Wilcox  
Florida Department of Environmental Protection  
MS 4550  
2600 Blair Stone Rd  
Tallahassee, FL 32399-2400

Re: Florida Transformer 2015 Biennial Hazardous Waste Report

Please find enclosed, the electronic package of the 2015 Biennial Hazardous Waste Report for the Florida Transformer, Inc facility. The enclosed information is:

- The 8700-12FL with original signature
- The Waste Generation and Management Forms and Summary
- The disk containing the zip file

Please let me know if there are questions regarding this material or if additional information is needed.

Sincerely,

Jessica Pennington  
Director of Environmental Compliance  
Florida Transformer, Inc.

Enclosure