

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

09/20/2016 David Langworthy, Svc Mgr Flagler Construction Equipment 5210 Reese Road Davie, FL 33314

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for Flagler Construction Equipment located at 5210 Reese Rd, Fort Lauderdale, FL 33314-1205

FLR000007708

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

Your facility is currently registered for the following activities: Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2017).

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000007708. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Glen Perrigan

Environmental Manager

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 7960, Email Address: dlangworthy@flaglerce.com

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 MAR 02 2016

Date Received D

PERMITTING ACOMPLIANO

EPA ID: F L	R 0 0 0 0	0 0 7	7 0	8	Pleas	e use	the instru	uctions		ent to	còmpl	lete th	iis fo	rm	
Reason for Submittal	Mark 'X' in the correct box: 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								ı) .							
and sign page 5	if a notification) To provide the final notification (closing) for the facility, (see instructions—must complete pages 1,2,5)								e pages 1,2,5)						
Pages 3 and 4, - complete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page							(see page 4)							
2. Facility or Business Name	Flagler Construction Equipment														
3. Facility	Name of Operator: Date became Operator: 11 /10 / 2014								/ 2014						
Operator	Flagler Co		tion	Equ	ipm	<u>ien</u>	[
(List additional Operators in the comments	Street or P.O. Box:								Phone		ber: 1-47	111			
section).	5210 Reese Road City or Town: State:						Zip Co	<u> </u>	1-4/		ntry (i	ıf not l	IISA).		
	Davie						FL		3331				···· - · ·		
	Operator Type:	Private	Fee	deral [JMun	icipal	Stat	te 🔲	County		ther_				
4. Facility Physical	Physical Street Address:														
Location Information (No P.O. Boxes)	City or Town: State: Zip Code:														
Same address as #3 above or:	Same address as County: Country (if not USA)														
5. Facility North Ar	merican Industry	A. 8	1 1 3	1 0	1 1		(required)) B.			ı	1 1			
Classification System Code(s) (at least 5		c. <u> </u>	<u></u>	<u>''</u> _ _	<u>-!!</u>	<u>=</u> '- 	(lequiles,	D.		_	_ <u>-</u>	<u>'</u> '	<u> </u> -	<u></u> -	
6. Facility or	Same address as	#above	or: Str	eet or P.	O. Box	(:							<u></u> -		
Business Mailing Address	City or Town:	Town:				State	State: Zip/Po			Postal Code: Co			ountry (if not USA)		
7. Facility or	First Name: Last Name:					.			Title:						
Business	David			Lang		<u> </u>		Serv	/ice	Mar	<u> </u>				
RCRA Contact Person	Phone Number: (954)581-4744 Extension: 4541				Mail: angwor	flaglerce.com Fax: (954)583-03			0318						
Same address as #above or:	City or Town:				Sta	State:		Zip Code:		Co	Country (If not USA).				
8. Real Property	Name of Owner:							\neg	Date be	ecame	: Own	 er:			
(FL Land) Owner	Store Master Funding IV, LLC							d yy							
of the Facility's Physical Location (List additional	Street or P.O. Box: 8501 E. Princess Dr.								hone Nu 180)256-		:	<u> </u>			
owners in the comments section.)	City or Town: Scotsdale					Star AZ			Zip Code: Country (if not USA). 85255			it USA).			
Same address as # above or:	Owner Type: Private Federal Municipal State County Other														

R	RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FLR000007708					
9.	9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that 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						Vaste						
	If YES, Choose only one of the following three categories.				(at your facility) Note: A hazardous waste permit may be required for this activity.							
	□ a.	Genera greater hazardo	rge Quantity Generator (LQG): nerates in any calendar month 1,000 kilograms or ater per month (kg/mo) (2,200 lbs.) of non-acute ardous waste; or Greater than 1 kg (2.2 lbs) acute hazardous waste (at least once a year)			 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 						
	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)			(4) G								
	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			(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 							
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:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator			3 _									
10	your	facility.	List them	n in the order	Regulated Hazard they are presented in	the re	egulations (e.g., I	D001, D00	3, F007, K	C019, P01	2, U112).	
1		Hazardou	is waste t	transporters I	ist codes routinely or	usuall	<u> </u>	Jse comme	ents or an a	additional	page if mor	re spaces are needed.
8			9		10	11		12		13		14
15			16		17	18		19		20		21
_	- O4h					<u></u>						
					longer handling wast					nk and st	kip Section 1	2-16):
	(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (I) 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 De	fault			(D) Peti	tion for B	Bankruptcy	y Protect	tion	
12	-14 —	Registi	ration A		Contact Informa	tion		nission is	a registrati	on or reg		ormation update):
٥		as Facility I on page 1		First Name: Phone Numl			Last Name: Extension:					
Cor	ntact for:			Phone Num			Extension.	E-Mail:		_		
	HW Tr	ransporter Dil Handler		Street or P.C). Box:							
ā		rsal Waste		City or Tow	n:			State:(C	ountry):		Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.	FLR000007708					
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.	. Pharmaceuticals					
d. Mercury Containing Devices e. Merc	cury Containing Lamps					
Destination Facility for UW Note: For this activity, a facility must treat, dispose or A permit is required for storage prior to recy						
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration						
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at an	ny one time)					
Pharmaceuticals Acute LQH = more than I kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical v	waste (UPW) accumulated					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Depart	tment of Health [DOH])					
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/Ham □ First time registering □ Renewal □ One-time \$1,000 fee for Mercury for-hire first time.						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration					
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						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire has	Annual Registration + one time \$1,000 fee+					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire ha						
(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.	e use Drum Top Bulb Crusher(s).					
22 Oil State Berghand Wests Authorities and the Control of the Con	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility p	• •					

Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLR0000077	708						
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transport	ter 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 Registrati	ion						
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)	tion 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 (chec							
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 Faransfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:	Hazardous Waste						
15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used o	oil activities),						
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or manually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers mu \$100 registration fee. This form is: Initial Registration Renewal Notification of changes Cancel Registration	ıst pay an annual						
If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Prote	ection is enclosed.						
(1) Used Oil Transporter - mark activities: (occurring in Florida) (6) Used Oil Filter Management (must annually reg	gister)						
a. Transporter (off-site) and noncontiguous locations							
■ b. Transfer Facility							
(2) Collection Center (From businesses, no more than 55 gal per shipment)							
(3) Used Oil Processor (A permit is required) (7) The records required under the provisions of Rul	e 62-710.510,						
(4) Off-Specification Used Oil Burner FAC, are kept at (check one):							
(5) Used Oil Fuel Marketer On-Spec Off-Spec Our mailing (business) address The si	te (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.							

Transfer Facility and Used Oil Transporter requiren	nents and required signature page	EPA ID No. FLR000	007708
(14 cont.) Hazardous Waste Transfer Facilities following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ac	itial notification for a transfer facility a		
Certification by a responsible corporate officer Section 403.7211(2), Florida Statu	of the transporter that the proposed loc tes (F.S.) [Rule 62-730.171(3)(a)1., F.A		
Evidence of the transporter's financial responsi	bility [Rule 62-730.171(3)(a)3., F.A.C.]	
A brief general description of the transfer facil	ity operations [Rule 62-730.171(3)(a)4.	, F.A.C.]	
_A copy of the facility closure plan [Rule 62-73	0.171(3)(a)5., F.A.C.]		
_A copy of the contingency and emergency plan	1 [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	n 40 CFR 279.40(a)(1-4))		
In addition to the requirements on Page 4 Sect	ion 15:		
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncontig	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 5 submission as a certified used oil transpo 			ign and certify this
The used oil annual report is attached	Evidence of Liability Insurance pur	rsuant to 62-710.600(2)(e)., F	A.C. is attached.
16. Comments (attach a page if more space is need			
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belie talse information, including the possibility of fine a light certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of	nalified personnel properly gather and e f, true, accurate, and complete. I am aw and imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic	valuate the information submare that there are significant pass. I Federal laws and rules gover able used oil rules. Evidence	itted. The information penalties for submitting ming used oil transpor- of financial responsi-
Signature of owner, operator, or an	Print Name and	171-	ed Date Signed
authorized representative			(mm-dd-yyyy)
Malace	Kevin Walden, V.P. Pi	roduct Support	03-01-2016
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:	
Lisa Albury (4	07)922-2993 lalbu	ry@flaglerce.com	
(Name of person completing this form)	(Phone Number)	(E-mail Address)	



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3) Form Title Annual Report by Used Oil and Used Oil Filter Handlers Effective Date 4-23-13 Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*
(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1, 2015 through December 31, 2015

1. Company Name: Flagler Construction Equipment		2. Telephone Ne	954581474	4		
1. Company Name: 1 Agric School Davie FL 33314		2. Telephone No	S. (50) 00 1 11 1	•		
Site Address: 5210 Reese Road, Davie, FL 33314			<u></u>	700		·
		3. EPA ID No.	FLR000007	708		
☐ Check box if any of the above items (1-3) have changed since your last						
Name of person preparing report (please print) Lisa Albury						
Title: Director of Safety & Training Compliance Phone number	er (if differ	ent from #2_above)	<i>4</i> 0,79655945	5		
For the design of the content of the	gregation F	Point Processor Processor	□Marketer □ B □ End U	urner (of off-: Jser		
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED U	USED OIL	HANDLERS. USI	ED OIL FILTER HA	NDLERS SE	EE SECT	rion C)
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)		Automotive	Industrial	Mixed	d	Total
a. in Florida		-	4092			
b. From out of State		0	0	0	ı	0
		0				
c Beginning Inventory						
c Beginning Inventory					O	
c Beginning Inventory			In		OI	4092
c Beginning Inventory	: ::) ::d use)		In	State	O	4092
c Beginning Inventory	e) d use)		In	State	O	4092
c Beginning Inventory	e) d use) l fuel		In	State	Oi	4092
c Beginning Inventory	e) d use) I fuel		In 3	State	Oi	4092
c Beginning Inventory	e) d use) l fuel. uel		In 3	State	O	4092
c Beginning Inventory	e) d use) I fuel. iuel		In 3	State	O	4092
c Beginning Inventory	e) d use) l fuel iuel		In 3	State	Oi	4092
c Beginning Inventory	e) d use) l fuel. uel reatment u	nit	3°	State	O	4092

DEP Form #62-710.901(3)
Form Title Annual Report by
Used Oil and Used Oil Filter Handlers
Effective Date 4-23-13
Incorporated in Rule 62-710.510(5)

SECTION C USED OIL FILTERS (OPTION	CHECK COLUMN IF OUT OF STATE ♥			
1. Number of filters on hand from previous year		50		
2. Number of used oil filters collected	3,200			
3. Total number of used oil filters to manage (Lin	3,250			
4. Disposition of used oil filters collected:	a. Transferred to another registered facility	3,200		
	b. Burned for energy recovery at a Waste-To-Energy faculity	0		
	c. Transferred directly to a metal foundry for recycling	0		
	d. TOTAL	3,200		
5. End of year, on hand estimate (Line 3 minus Li	ne 4d)	50		
6. Gallons of used oil collected as a result of filter	103			
7. Gallons of used oil transferred to a used oil han	dler (transporter or processor)	3,751		
8. Volume of only waste collected and managed as	s a result of filter processing 🔳 gallons 🗌 cubic yards	103		
9. Description of oily waste management Oily	oads and rags sent to Heritage Crystal Clea	in to be recycled.		
DIDECTIONS FOR SECTION S				

DIRECTIONS FOR SECTION C

Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One <u>55</u>- gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One <u>ton</u> of drained used oil filters = approximately <u>2.350</u> used oil filters

- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number of filters on hand at your site as of December 31, last year.
- 6. Fill in the number of gallons of used oil collected by your filter operation.
- 7. Enter the number of gallons transferred to a used oil transporter or processor.
- 8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.