

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

12/02/2016

Jessica Pennington, Environmental Compliance Manager Florida Transformer Inc DBA Emerald Transformer 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 DBA Emerald Transformer 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 06/30/2017); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter (reg exp on 06/30/2017).

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:

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

To review the details of your status, visit:

https://fideploc.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.

Sincerely,

Glen Perrigan

Environmental Manager

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 74617, Email Address: jpennington@emeraldtransformer.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

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| nple | e this | förr | n e | | 777 7174 \$ | . <u> </u> |
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| EPA ID: F L | R 0 0 0 1 | 1 6 8 2 | 0 3 Please | use the instru | actions | document to co | | is form | *************************************** | |
|--|---|---|--|-----------------------|-------------------------------------|---|----------|------------------|---|--|
| 1. Reason for Submittal | Mark 'X' in the correct box: | | initial notification rsal waste, used oil a | | | | rdous | | | |
| (all submitters must complete pages 1 and 2 and sign page 5. | (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) | | | | | | | | | |
| Pages 3 and 4, - complete as applicable) | FL Registration(s) | ☐ UW Me | rcury (see page 3) |) 🔳 нw | / Trans | porter (see page | 4) | Used Oil (se | e page 4) | |
| 2. Facility or Business Name | FLORIDA T | TRANSF | ORMER I | NC. DB | ΑE | MERALD |) TRA | NSFO | RMER | |
| 3. Facility Operator | Name of Operator: Florida Trans | former, Inc | DBA Emeral | d Transfo | rmer | Date became Operator:// | | | | |
| (List additional Operators in the comments section). | Street or P.O. Box: PO BOX 507 | | | | • | Phone Numbe 850-401- 3 | | | | |
| <i>,</i> | City or Town: DeFuniak Spring | | | State: FL | | Zip Code: Country (if not USA). 32433 | | .). | | |
| | <u> </u> | Operator Type: Private Federal Municipal State County Other Corporation | | | | | | | | |
| 4. Facility Physical | Physical Street Add 4509 St Hwy 83 | | | | Vessel | | | | | |
| Location Information (No P.O Boxes) | City or Town: DeFuniak S | State: FL | Zip Code 3243 | | | | | | | |
| Same address as #3 above or: | Country: Country (if not USA Walton | | | | | A): | | | | |
| 5. Facility North A | | A. 3 3 5 | 3 1 1 | (required | l) B. | _ | | | | |
| Code(s) (at least 5 | , , | c. <u> </u> | _ | _ | D. | <u> _ _</u> | | | | |
| 6. Facility or | Same address as | s # <u>3</u> above or: \$ | Street or P.O. Box: | • | | | | | | |
| Business Mailing Address | City or Town: PO Box 507 | Detun | iakspas | State: | | Postal Code: | Count | try (if not USA |). | |
| 7. Facility or Business | First Name: JESS VA | | Permins | | ,- | Title: Director | Envin | anneuta | DComple | |
| RCRA Contact Person | Phone Number: 850-401-320 | | Extension: | E-Mail: jpenningto | n@em | eraldtransforme | r.com Fa | x: | | |
| Same address as | Street or P.O. Box: PO Box 507 | | | | | 7:a Cadar | I c. | ountry (if not U | SA | |
| #above or: | 1 Character Cornege | | | State: FL | Zip Code: Country (if not Use 32435 | | 5A) | | | |
| 8. Real Property (FL Land) Owner of the Facility's | Name of Owner: VERSATILE PROCESSING GROUP | | | | | Date became Owner: 08 / 18 / 06 New Owner mm dd yy | | | | |
| Physical Location (List additional | Street or P.O. Box: 9820 Westpoint Driv | hone Number: 17-577-9300 | | | | | | | | |
| owners in the comments section) | City or Town: State: Indianapolis IN | | | | | Zip Code: Country (if not USA): 46256 | | | SA): | |
| ■ Same address as # above or: | Ourser Type: Drivete Federal Municipal State County I Other COMO(800) | | | | | | | | | |

| "R | RCRA Hazardous Waste Status Notification or Out of Business Notification EPA ID No. FLR 000 168 203 | | | | | | | | | | | |
|--|---|---|-----------------------|-----------------|---|---|--|---|-------------------|---------------|-----------------------|--|
| 9. | RCRA | RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply): | | | | | | | | | | |
| (A) (1)Generator of Hazardous Waste For Items | | | | | | For Items 2 | 2 through 7, mark 'X' in all that apply. | | | | | |
| Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Store | | | | | | ter, Storer, or D | isposer of F | łazardous V | Vaste | | | |
| | _ | | • | | wing three categories. | | (at | tyour facility) N | | - | permit this activity. | |
| | a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year) | | | | [[| 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 | | | | | S N | (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 | | | | | |
| | | | t once a y | | rdous waste | | | | | | | |
| | (at least once a year) a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace 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 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. | | | | | | | furnace Exemption nally Exempt if you attach such authorization | | | | |
| | | | | = | activities that apply ne, not on-going) | • | (6) | Receives Hazar | - | | | |
| | e. Ep | pisodic: nited Sta | Not more ates Impo | re than one-tin | me per year:SQG_ | | ; | Underground I | | | | |
| 10 | your fa | acility. I | List them | n in the order | Regulated Hazard they are presented in ist codes routinely or | the reg | gulations (e.g., [| D001, D003, F00 | 7, K019, P0 | 12, U112). | | |
| I C | 0001 | | ² D002 | | ³ D005 | 4 D00 | | ⁵ D018 | ⁶ F003 | | ⁷ F005 | |
| 8 | | | 9 | | 10 | 11 | | 12 | 13 | | 14 | |
| 15 | | | 16 | | 17 | 18 | | 19 | 20 | | 21 | |
| 11 | . Other | Statu | s Char | iges (If no | longer handling waste | e or clo | osed, sections 9 | and 10 should be | blank and s | skip Section | 12-16): | |
| (| (A) Non- | Handle | r of Regi | ulated Wasto | e at This Facility (Se | ections | 9, 10 and 12-16 | 5 should be blank | :.) | | | |
| | (! | 1) Busir | ness no lo | onger generat | tes, transports, treats, | stores, | , disposes of, or | otherwise handle | s any regula | ted waste. | | |
| (| | • | | - | ction only if all busine | | | - | | | | |
| | u ⁽¹ | l) Close | d at this | location and | moved or moving to | anothe | er - Submit a nev | v Form 8700-121 | L for the ne | w location if | 'you will | |
| | (2) Out of Business - Business closed on(date) | | | | | | | | | | | |
| | ☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection | | | | | | | | | | | |
| 12 | -14 — I | Registr | ration / | | Contact Informa | | <u> </u> | mission is a regis | tration or res | | ormation update): | |
| | Same as Contact or | | | First Name: | | | Last Name: | Last Name: Title: | | | | |
| | | | | Phone Num | ber: | | Extension: | E-Mail: | | | | |
| Co | ntact for: HW Trai | • | | Street or P.O | O. Box: | | | <u>.1</u> | | | | |
| | Used Oil Universa | l Handler al Waste | | City or Tow | n: | | | State:(Country) |): | Zip Code: | | |

| ปกiversal Wa | ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR 00 | 0 168 203 | | | | | |
|---|--|---|--|--|--|--|--|
| 12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply): | | | | | | | |
| A. Federal Notification | Teaching Defined Barge Quantity Manuales (2007) Constitution in the state of the st | | | | | | |
| | Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmacet | ıticals | | | | | |
| | d. Mercury Containing Devices e. Mercury Contain | ning Lamps | | | | | |
| <u>.</u> | Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U A permit is required for storage prior to recycling. | (W. | | | | | |
| B. Florida U | Universal Pharmaceutical Waste (UPW): one-time registration | | | | | | |
| Pharma | aceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) | | | | | | |
| Pharma | aceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW |) accumulated | | | | | |
| Revers | e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal | th [DOH]) | | | | | |
| C. Florida A | 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-hi | re Transporter of Universal Waste Mercury-Containing Lamps or Devices | | | | | | |
| For-hi | re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices | Annual Registration | | | | | |
| ☐ Mercı | ary-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler | Required | | | | | |
| ☐ Mercu | ary-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | | | | | | |
| ☐ Mercu | ary-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler | Annual Registration + one time \$1,000 fee+ | | | | | |
| ☐ Mercı | ary-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler | More Requirements (contact;FDEP) | | | | | |
| | Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ast time registering \square Renewal | Annual Registration Required | | | | | |
| Briefly Describe your Universal Waste Activities: FTI dba Emerald Transformer generates universal waste and accumulates for shipment off site for proper disposal under approved profile. | | | | | | | |
| | te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru | | | | | | |

| Hazardous Waşte and Used Oil tiransporter Registrations 3 to 1 2 EPA ID No. FLR 000 168 203 | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 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 hazar | dous waste. | | | | | | | |
| This form is: 🔲 Initial Registration 🔲 Renewal 🖃 Notification of changes 🚨 Cancel Registration | | | | | | | | |
| ■ 1. For own waste only □ 2. For commercia | l purposes 3. Both commercial and own waste | | | | | | | |
| 4. Transportation Mode Air Rail Highw | vay 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 Fa | acility: (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 | ne requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C. | | | | | | | |
| The Transfer Facility records required under the prov | isions of Rule 62-730.171(6), F.A.C., are kept at (check one): 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 cor | nplete 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 Filter Management (must annually register) | | | | | | | |
| a. Transporter (off-site) and noncontiguous locations | a. Transporter | | | | | | | |
| ☐ b. Transfer Facility | ☐ b. Transfer Facility | | | | | | | |
| (2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment) | ☐ c. Processor (Annual Report Required) ☐ d. End User | | | | | | | |
| (3) Used Oil Processor (A permit is required.) | (7) The records required under the provisions of Rule 62-710.510, | | | | | | | |
| (4) Gff-Specification Used Oil Burner | FAC, are kept at (check one): | | | | | | | |
| (5) Used Oil Fuel Marketer | 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. | | | | | | | | |

| Transfer Facility and Used Oil Transporter requirem | ents and required signature page | EPA ID No. FLR 000 | 0 168 203 | | | | |
|---|---|---|--------------------------|--|--|--|--|
| (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 responsi | bility [Rule 62-730.171(3)(a)3., F.A.C. | | | | | | |
| A brief general description of the transfer facili | ty 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 | [Rule 62-730.171(3)(a)6., F.A.C.] | | | | | | |
| A map or maps of the transfer facility [Rule 62 | -730.171(3)(a)7., F.A.C.] | | | | | | |
| (15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Section ALL registered UO Handlers must submit | on 15: | insporting UO from nonconti | guous operations within | | | | |
| their own company. | | | | | | | |
| UO transporters transporting off-site over UO transporters transporting more than 50 submission as a certified used oil transport | 00 gallons/year must submit proof of ir | nsurance annually, and must s | sign and certify this | | | | |
| The used oil annual report is attached | Evidence of Liability Insurance pur | rsuant to 62-710.600(2)(e)., F | F.A.C. is attached. | | | | |
| This 8700-12FL is being submitted on | y to update the State infor | | | | | | |
| 17. Certification: I certify under penalty of law tha accordance with a system designed to assure that question submitted is, to the best of my knowledge and belie false information, including the possibility of fine and the control of the con | alified personnel properly gather and e f, true, accurate, and complete. I am aw | evaluate the information subnare that there are significant | nitted. The information | | | | |
| I certify as a Used Oil Transporter that I am a tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (| g program in place covering the applic | able used oil rules. Evidence | of financial responsi- | | | | |
| Signature of owner, operator, or an authorized representative | Print Name and | | Date Signed (mm-dd-yyyy) | | | | |
| Assirable with | Jessica Pennington, I | rector of t | 9/13/16 | | | | |
| 0 | E | nuronmental | י י | | | | |
| | C | omphance |) | | | | |
| If the person that filled in this form is not the Facilit | y Contact or Operator, please compl | ete the information below: | | | | | |
| (Name of person completing this form) | (Phone Number) | (E-mail Address) | | | | | |
| (Famile of person completing this form) | (1 Holle I validet) | (L-man Address) | | | | | |



September 14, 2016

Florida Department of Environmental Protection Waste Management Division – HWRS, MS4560 2600 Blair Stone Rd Tallahassee, Fl 32399-2400

To Whom It May Concern:

Enclosed you will find an 8700-12FL form – Florida Notification of Regulated Waste Activity. The submission of this form is to update FL DEP of the facility DBA name that differs from the Facility Name on the most recent submission of the facility 8700-12FL dated 04/06/2016. Please note the Facility Name is now Florida Transformer, Inc. DBA Emerald Transformer.

Feel free to contact me with questions or concerns regarding the information found on the enclosed form.

Sincerely

Jessica Pennington

Director of Environmental Compliance

Emerald Transformer