



May 2, 1996

Mr. John Jones
Hazardous Waste Section
Florida Department of Environmental
Regulation - South District
400 North Congress Avenue
West Palm Beach, Florida 33401

RECEIVED
MAY 17 1996
DEPT OF ENV PROTECTION
WEST PALM BEACH

Subject: Unmanifested Waste Report
Boynton Beach Facility.
FLD984167791

Dear Mr. Jones:

Pursuant to 40 CFR 264.76, the following information is being submitted for an unmanifested waste shipment.

Three drums of dry cleaning hazardous waste was transported from GoodNews Cleaners on 1-12-96 without a manifest. Enclosed is a completed form 8700 for this generator. It was our understanding that this generator was a CESQG, rather than a SQG.

Your cooperation and understanding in this regard is requested. If you have any questions, please call me at (407) 736-1339. We regret this incident and will continue to work with you and your staff to eliminate future occurrences.

Sincerely,



Ed Genovese

Resource Recovery Branch Manager
Boynton Beach Facility

cc:

J.A.Ercole, CHMM
Manager, Environment, Safety and Health

GoodNews Cleaners

UNMANIFESTED WASTE REPORT
PAGE 1 OF 2CERTIFIED RETURN
RECEIPT REQUESTED

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HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC 31: 1996	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC 31: 1996	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (date, mo., & yr.): 01-12-1996	
II. INSTALLATION'S EPA I.D. NUMBER			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00			
III. NAME OF INSTALLATION			
Good News GENRS			
IV. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
835 S Dixie Hwy			
CITY OR TOWN ST ZIP CODE			
Hollywood FL 33020			
V. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
CITY OR TOWN ST ZIP CODE			
VI. INSTALLATION CONTACT			
NAME (last and first) PHONE NO. (area code & no.)			
954-922-8826			
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)			
A. COST ESTIMATE FOR FACILITY CLOSURE		B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)	
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IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
FANNIE M. SMITH		Fannie M. Smith 5/3/76	
A. PRINT OR TYPE NAME		B. SIGNATURE C. DATE SIGNED	