

From: [Ashwood, Janet](#)
To: jwilson@flagerce.com
Cc: [Epost HWRS](#); [Horlick, Susan](#); [Knauss, Elizabeth](#)
Subject: Florida Used Oil Transporter Registration Letter for Flagler Construction Equipment _Tampa (FLR000088518)
Date: Monday, July 30, 2018 4:05:18 PM
Attachments: [Flagler Construction Equipment Tampa.pdf](#)

Dear Jon Wilson:

Please note: your Used Oil (UO) registration expires June 30, 2019. Pursuant to Rule 62-710.600(2)(e) F.A.C., you are required to maintain valid liability insurance during the entire UO registration period.

In an effort to provide a more efficient service, the Florida Department of Environmental Protection's Permitting and Compliance Assistance Program Authorization Representative is forwarding the attached document(s) to you by electronic correspondence in lieu of a hard copy through the normal postal service.

We ask that you verify receipt of this document by simply hitting "reply" to this message, with no message text required. If your email address has changed or you anticipate that it will change in the future, or if for some reason you need a hard copy of this documents, please advise accordingly in your reply. You may also update this information by contacting me at the number below.

The attached document(s) are in "pdf" format and will require Adobe Reader 6 or higher to open. You may download a free copy of this at www.adobe.com/products/acrobat/readstep2.html.


Please note, our documents are sent virus free. However, if you use Norton anti-virus software, a warning may appear when attempting to open the document. Please disregard this warning if it happens.

We look forward to your reply and should you have any questions regarding the attached document(s), as stated previously, you may contact me at the number below.

Sincerely,

*Janet Ashwood
Environmental Consultant
Department of Environmental Protection
Bob Martinez Center
Waste Compliance Assistance Program, MS #4560
2600 Blair Stone Road
Tallahassee, Florida 32399-2400*

*Direct: 850.245.8789
Email: Janet.Ashwood@dep.state.fl.us*

 <p>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</p>		Date Received (for FDEP Official Use Only)	
EPA ID: FLR0000213629		Please use the instructions document to complete this form	
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>		Mark 'X' in the correct box: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)	
		FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4)	
2. Facility or Business Name Flagler Construction Equipment			
3. Facility Operator <small>(List additional Operators in the comments section).</small>			
Name of Operator: Flagler Construction Equipment		Date became Operator: 11 / 10 / 14	
Street or P.O. Box: 5151 Dr. MLK Blvd.		Phone Number: (239) 481-8554	
City or Town: Ft. Myers		State: FL	Zip Code: 33905
Country (if not USA):			
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other			
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:			
Physical Street Address: _____ <input type="checkbox"/> Vessel			
City or Town:		State:	Zip Code:
County:		Country (if not USA):	
5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)			
A. 811310 (required)		B.	
C.		D.	
6. Facility or Business Mailing Address <input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box:			
City or Town:		State:	Zip/Postal Code:
Country (if not USA):			
7. Facility or Business RCRA Contact Person			
First Name: Sandro		Last Name: Muniz	
Title: Service Manager			
Phone Number: (239) 313-3913		Extension:	E-Mail: smuniz@flaglerce.com
Fax: (239) 481-3302			
Street or P.O. Box:			
<input checked="" type="checkbox"/> Same address as #__ above or:			
City or Town:		State:	Zip Code:
Country (if not USA):			
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:			
Name of Owner: Store Master Funding IV, LLC		Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box: 8501 E. Princess Dr. Ste. 190		Phone Number: (480) 256-1190	
City or Town: Scottsdale		State: AZ	Zip Code: 85255
Country (if not USA):			
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other			

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

- ☐ **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)

- ☐ **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

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 Order (HSWA, etc.)

(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**

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) 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 Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:	
	Phone Number:		Extension:	E-Mail:		
	Street or P.O. Box:					
	City or Town:		State:(Country):		Zip Code:	

FLR000213629

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. <u>FLR000213629</u>
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>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).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
<p>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached </div>		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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)
<p>(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal </div>		Annual Registration Required
<p>Briefly Describe your Universal Waste Activities:</p> <div style="text-align: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</div>		
<p>13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> Transport [62-740 F.A.C.]</p> <p style="font-size: small;">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)]</p>		

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.

4. Transportation Mode ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____

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.)]:

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

- (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
- ☐ Our mailing (business) address ☐ The site (facility) address

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

(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:

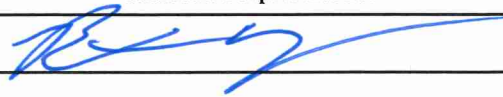
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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): **Corporate Office is located at 8418 Palm River Road, Tampa, FL 33619.**

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)
	Barton Montgomery CEO	<input checked="" type="checkbox"/>	3-14-2019
		<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:

Lisa Albury
(Name of person completing this form)

407965-5945
(Phone Number)

lalbury@flaglerce.com
(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, 2018 through December 31, 2018

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment Telephone No. (239) 481-8554
Site Address: 5151 Dr. MLK Blvd., Fort Myers, FL 33905
3. EPA ID No. FLR000213629

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury
Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	8281	0	8281
0	0	0	0
			345
			8626

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
8185	
8185	
441	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year

500

2. Number of used oil filters collected

13166

3. Total number of used oil filters to manage (Line 1 plus Line 2)
.....

13666

4. Disposition of used oil filters collected: a. Transferred to another registered facility

12500

b. Burned for energy recovery at a Waste-To-Energy facility

c. Transferred directly to a metal foundry for recycling

d. TOTAL

12500

5. End of year, on hand estimate (Line 3 minus Line 4d)

1166

6. Gallons of used oil collected as a result of filter processing

586

7. Gallons of used oil transferred to a used oil handler (transporter or processor)

8771

8. Volume of oily waste collected and managed as a result of filter processing ☒ gallons ☐ cubic yards.....

586

9. Description of oily waste management

Oily rags and pads sent to Safety Klean Facility to be recycled.

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters

One 55- gallon drum of uncrushed used oil filters = approximately 250 used oil filters

One ton of drained used oil filters = approximately 2,350 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.

	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	Date Received (for FDEP Official Use Only)
EPA ID: FL R0000088518		Please use the instructions document to complete this form
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (must choose one if a notification) </div> <div style="width: 35%;"> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>FL Registration(s)</div> <div><input type="checkbox"/> UW Mercury (see page 3)</div> <div><input type="checkbox"/> HW Transporter (see page 4)</div> <div><input type="checkbox"/> Used Oil (see page 4)</div> </div>	
2. Facility or Business Name	Flagler Construction Equipment	
3. Facility Operator <small>(List additional Operators in the comments section).</small>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Name of Operator: Flagler Construction Equipment </div> <div style="width: 35%;"> Date became Operator: 11 / 10 / 14 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Street or P.O. Box: 8418 Palm River Road </div> <div style="width: 35%;"> Phone Number: (813) 630-0077 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;"> City or Town: Tampa </div> <div style="width: 10%;"> State: FL </div> <div style="width: 15%;"> Zip Code: 33619 </div> <div style="width: 35%;"> Country (if not USA): </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Operator Type:</div> <div> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other </div> </div>	
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	Physical Street Address: <input type="checkbox"/> Vessel <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;">City or Town:</div> <div style="width: 15%;">State:</div> <div style="width: 25%;">Zip Code:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">County:</div> <div style="width: 60%;">Country (if not USA):</div> </div>	
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. 811310 (required) </div> <div style="width: 45%;"> B. </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> C. </div> <div style="width: 45%;"> D. </div> </div>	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">City or Town:</div> <div style="width: 15%;">State:</div> <div style="width: 20%;">Zip/Postal Code:</div> <div style="width: 25%;">Country (if not USA):</div> </div>	
7. Facility or Business RCRA Contact Person <input checked="" type="checkbox"/> Same address as #__ above or:	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">First Name: Chris</div> <div style="width: 30%;">Last Name: Vangundy</div> <div style="width: 40%;">Title: Service Manager</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Phone Number: (813) 630-0077</div> <div style="width: 10%;">Extension: 4741</div> <div style="width: 30%;">E-Mail: cvangundy@flaglertec.com</div> <div style="width: 30%;">Fax: (813) 630-2233</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">Street or P.O. Box:</div> <div style="width: 60%;"> City or Town: State: Zip Code: Country (if not USA): </div> </div>	
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Name of Owner: Store Master Funding IV, LLC </div> <div style="width: 35%;"> Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Street or P.O. Box: 8501 E. Princess Dr., Ste. 190 </div> <div style="width: 35%;"> Phone Number: (480) 256-1190 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;"> City or Town: Scottsdale </div> <div style="width: 10%;"> State: AZ </div> <div style="width: 15%;"> Zip Code: 85255 </div> <div style="width: 35%;"> Country (if not USA): </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Owner Type:</div> <div> <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other </div> </div>	

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste

☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ 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)

☐ 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

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 Order (HSWA, etc.)

(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

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

- ☐
- (1) 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 Default☐ (D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input type="checkbox"/> 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:

Contact for:

☐ HW Transporter

☐ Used Oil Handler

☐ Universal Waste

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000088518
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>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).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required	
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <div style="float: right; text-align: right;"> <input type="checkbox"/> We use Drum Top Bulb Crusher(s). </div>		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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.

This form is: ☐ 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 _____

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 (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 (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.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

- ☒ a. Transporter
☒ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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:

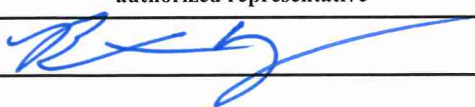
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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):

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)
	Barton Montgomery CFO	<input checked="" type="checkbox"/>	3-14-19
		<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:

Lisa Albury (407)965-5945 lalbury@flaglercc.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, _____ through December 31, _____

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment 2. Telephone No. (813) 630-0077
Site Address: 8418 Palm River Road, Tampa, FL 33619
3. EPA ID No. FLR000088518

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury

Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	15938	0	15938
0	0	0	0
			168
			16106

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
15676	
15676	
430	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year
2. Number of used oil filters collected
3. Total number of used oil filters to manage (Line 1 plus Line 2)
.....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility
 - b. Burned for energy recovery at a Waste-To-Energy facility
 - c. Transferred directly to a metal foundry for recycling
 - d. TOTAL
5. End of year, on hand estimate (Line 3 minus Line 4d)
6. Gallons of used oil collected as a result of filter processing
7. Gallons of used oil transferred to a used oil handler (transporter or processor)
8. Volume of oily waste collected and managed as a result of filter processing ☒ gallons ☐ cubic yards.....
9. Description of oily waste management

750	
45993	
46743	
44750	
44750	
1993	
2098	
17774	
2098	

Oily rags and pads sent to Safety Kleen Facility to be recycled.


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 55- 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.

	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	Date Received (for FDEP Official Use Only)																
EPA ID: FLR000097378		Please use the instructions document to complete this form																
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <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, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div> FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4) </div> </div>																	
2. Facility or Business Name	Flagler Construction Equipment																	
3. Facility Operator <small>(List additional Operators in the comments section).</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Operator: Flagler Construction Equipment</td> <td colspan="2">Date became Operator: 11 / 10 / 14</td> </tr> <tr> <td colspan="2">Street or P.O. Box: 9601 Boggy Creek Road</td> <td colspan="2">Phone Number: (407) 850-9614</td> </tr> <tr> <td>City or Town: Orlando</td> <td>State: FL</td> <td>Zip Code: 32824</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Operator: Flagler Construction Equipment		Date became Operator: 11 / 10 / 14		Street or P.O. Box: 9601 Boggy Creek Road		Phone Number: (407) 850-9614		City or Town: Orlando	State: FL	Zip Code: 32824	Country (if not USA):	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
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Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																		
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Physical Street Address:</td> <td><input type="checkbox"/> Vessel</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td colspan="2">Zip Code:</td> </tr> <tr> <td>County:</td> <td colspan="3">Country (if not USA):</td> </tr> </table>		Physical Street Address:			<input type="checkbox"/> Vessel	City or Town:	State:	Zip Code:		County:	Country (if not USA):						
Physical Street Address:			<input type="checkbox"/> Vessel															
City or Town:	State:	Zip Code:																
County:	Country (if not USA):																	
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A. 8111310 (required)</td> <td>B. _____</td> </tr> <tr> <td>C. _____</td> <td>D. _____</td> </tr> </table>		A. 8111310 (required)	B. _____	C. _____	D. _____												
A. 8111310 (required)	B. _____																	
C. _____	D. _____																	
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City or Town:	State:	Zip/Postal Code:	Country (if not USA):															
7. Facility or Business RCRA Contact Person	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>First Name: Alvin</td> <td>Last Name: York</td> <td colspan="2">Title: Service Manager</td> </tr> <tr> <td>Phone Number: (407) 850-9614</td> <td>Extension: 4241</td> <td>E-Mail: ayork@flaglercc.com</td> <td>Fax: (407) 850-0823</td> </tr> <tr> <td colspan="4">Street or P.O. Box:</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> </table>		First Name: Alvin	Last Name: York	Title: Service Manager		Phone Number: (407) 850-9614	Extension: 4241	E-Mail: ayork@flaglercc.com	Fax: (407) 850-0823	Street or P.O. Box:				City or Town:	State:	Zip Code:	Country (if not USA):
First Name: Alvin	Last Name: York	Title: Service Manager																
Phone Number: (407) 850-9614	Extension: 4241	E-Mail: ayork@flaglercc.com	Fax: (407) 850-0823															
Street or P.O. Box:																		
City or Town:	State:	Zip Code:	Country (if not USA):															
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Owner: BE Orlando, LLC</td> <td colspan="2">Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box: 1745 Indian Wood Circle, #250</td> <td colspan="2">Phone Number: (419) 283-3796</td> </tr> <tr> <td>City or Town: Maumee</td> <td>State: OH</td> <td>Zip Code: 43537</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Owner: BE Orlando, LLC		Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy		Street or P.O. Box: 1745 Indian Wood Circle, #250		Phone Number: (419) 283-3796		City or Town: Maumee	State: OH	Zip Code: 43537	Country (if not USA):	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Name of Owner: BE Orlando, LLC		Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy																
Street or P.O. Box: 1745 Indian Wood Circle, #250		Phone Number: (419) 283-3796																
City or Town: Maumee	State: OH	Zip Code: 43537	Country (if not USA):															
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																		

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ **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)

☐ **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

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 Order (HWA, etc.)

(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

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐
- (1) 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 Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000097378
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)	
	Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals	
	<input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps	
	<input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)		
<input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated		
<input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department 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 <u>only</u> 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 <u>for-hire</u> Activities		
<input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required	
<input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices		
<input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler		
<input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		
<input type="checkbox"/> Mercury-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+ More Requirements (contact FDEP)	
<input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler		
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity)		Annual Registration Required
<input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

Hazardous Waste and Used Oil Transporter Registrations

 EPA ID No. **FLR000097378**
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.

This form is: ☐ 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 _____

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 (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 (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.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

- ☒ a. Transporter
☒ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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): **Corporate office is located at 8418 Palm River Road, Tampa, FL 33619.**

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)
	Barton Montague CEO	<input checked="" type="checkbox"/>	02-18-2019
		<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:

Lisa Albury (407)965-5945 lalbury@flaqlterce.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, through December 31,

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment Telephone No. (407) 850-9614
Site Address: 9601 Boqqy Creek Road, Orlando, FL 32824
3. EPA ID No. FLR000097378

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury
Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) (407) 965-5945

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	13975	0	13975
0	0	0	
			500
			14475

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
14284	
14284	
191	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year	51	<input type="checkbox"/>
2. Number of used oil filters collected	10505	<input type="checkbox"/>
3. Total number of used oil filters to manage (Line 1 plus Line 2)	10556	<input type="checkbox"/>
4. Disposition of used oil filters collected:	9091	<input type="checkbox"/>
a. Transferred to another registered facility		<input type="checkbox"/>
b. Burned for energy recovery at a Waste-To-Energy facility		<input type="checkbox"/>
c. Transferred directly to a metal foundry for recycling		<input type="checkbox"/>
d. TOTAL	9091	<input type="checkbox"/>
5. End of year, on hand estimate (Line 3 minus Line 4d)	1465	<input type="checkbox"/>
6. Gallons of used oil collected as a result of filter processing	426	<input type="checkbox"/>
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	15749	<input type="checkbox"/>
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	426	<input type="checkbox"/>
9. Description of oily waste management	Oily rags and pads sent to Safety Kleen Facility to be recycled.	


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 55- 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.

	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	Date Received (for FDEP Official Use Only)
EPA ID: FLR000007708		Please use the instructions document to complete this form
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <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, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div> FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4) </div> </div>	
2. Facility or Business Name	Flagler Construction Equipment	
3. Facility Operator <small>(List additional Operators in the comments section).</small>	Name of Operator: <u>Flagler Construction Equipment</u> Date became Operator: <u>11 / 10 / 14</u> <hr/> Street or P.O. Box: <u>5210 Reesc Road</u> Phone Number: <u>(954) 581-4744</u> <div style="display: flex; justify-content: space-between;"> <div>City or Town: <u>Davie</u></div> <div>State: <u>FL</u></div> <div>Zip Code: <u>33314</u></div> <div>Country (if not USA):</div> </div> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	Physical Street Address: _____ <input type="checkbox"/> Vessel <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or Town: _____</div> <div>State: _____</div> <div>Zip Code: _____</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>County: _____</div> <div>Country (if not USA): _____</div> </div>	
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	A. <u>811310</u> (required) B. _____ C. _____ D. _____	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or Town: _____</div> <div>State: _____</div> <div>Zip/Postal Code: _____</div> <div>Country (if not USA): _____</div> </div>	
7. Facility or Business RCRA Contact Person	<div style="display: flex; justify-content: space-between;"> <div>First Name: <u>Angel</u></div> <div>Last Name: <u>Sosa</u></div> <div>Title: <u>Service Manager</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Phone Number: <u>(954) 581-4744</u></div> <div>Extension: <u>4541</u></div> <div>E-Mail: <u>asosa@flaglerce.com</u></div> <div>Fax: <u>(954) 583-0318</u></div> </div> <hr/> Street or P.O. Box: _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or Town: _____</div> <div>State: _____</div> <div>Zip Code: _____</div> <div>Country (if not USA): _____</div> </div>	
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	Name of Owner: <u>Store Master Funding IV, LLC</u> Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy <hr/> Street or P.O. Box: <u>8501 E. Princess Dr. Ste. 190</u> Phone Number: <u>(480) 256-1190</u> <div style="display: flex; justify-content: space-between;"> <div>City or Town: <u>Scottsdale</u></div> <div>State: <u>AZ</u></div> <div>Zip Code: <u>85255</u></div> <div>Country (if not USA):</div> </div> <hr/> Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ **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)

☐ **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

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 Order (HWA, etc.)

(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

- ☐ 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

Choose 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, K019, P012, U112).
Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) 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 Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:	Last Name:		Title:
	Phone Number:	Extension:	E-Mail:	
	Street or P.O. Box:			
	City or Town:		State:(Country):	Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000007108
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>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).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. **FLR000007708****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.

This form is: ☐ 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 _____

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 (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 (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.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

- ☒ a. Transporter
☒ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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:

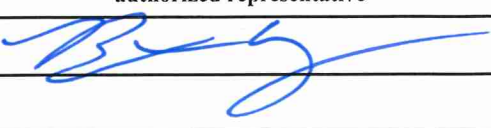
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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): **Corporate Office is located at 8418 Palm River Road, Tampa, FL 33619**

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)
	Dexter Montgomery CEO	<input checked="" type="checkbox"/>	03-19-2019
		<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:

Lisa Albury (Name of person completing this form) **(407)965-5445** (Phone Number) **lalbury@flaglercc.com** (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, _____ through December 31, _____

Use the information recorded in your **Record Keeping Form [62-710.901(2)]** or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment 2. Telephone No. (954) 581-4744
Site Address: 5210 Reese Road, Davie, FL 33314
3. EPA ID No. FLR000007708

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury
Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) (407) 965-5945

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	5241	0	5241
0	0	0	0
			0
			5241

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
4992	
4992	
249	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓
--	---------------------------------------

1. Number of filters on hand from previous year	146	
2. Number of used oil filters collected	6002	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	6148	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	5747	
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling		
d. TOTAL		
5. End of year, on hand estimate (Line 3 minus Line 4d)	401	
6. Gallons of used oil collected as a result of filter processing	270	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	5262	
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	270	

9. Description of oily waste management

Oily pads and rags sent to Safety Kleen Facility to be recycled.


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 55- 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.

 <p>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</p>		Date Received (for FDEP Official Use Only)	
EPA ID: FLR000213686		Please use the instructions document to complete this form	
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)		Mark 'X' in the correct box: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div style="width: 35%;"> FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4) </div> </div>	
2. Facility or Business Name <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Flagler Construction Equipment</div>			
3. Facility Operator (List additional Operators in the comments section).			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Name of Operator: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Flagler Construction Equipment</div> </div> <div style="width: 35%;"> Date became Operator: 11 / 10 / 14 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Street or P.O. Box: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">539 SW Arrowhead Terrace</div> </div> <div style="width: 35%;"> Phone Number: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">(386) 758-7444</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> City or Town: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Lake City</div> </div> <div style="width: 10%;"> State: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">FL</div> </div> <div style="width: 15%;"> Zip Code: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">32024</div> </div> <div style="width: 30%;"> Country (if not USA): </div> </div> <div style="margin-top: 5px;"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div>			
4. Facility Physical Location Information (No P.O. Boxes) <input checked="" type="checkbox"/> Same address as #3 above or:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Physical Street Address: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 35%;"> <input type="checkbox"/> Vessel </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> City or Town: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 10%;"> State: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 30%;"> Zip Code: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> County: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 55%;"> Country (if not USA): </div> </div>			
5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> A. <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">811310</div> (required) </div> <div style="width: 35%;"> B. <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> C. <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;"> </div> </div> <div style="width: 35%;"> D. <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;"> </div> </div> </div>			
6. Facility or Business Mailing Address			
<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> City or Town: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 10%;"> State: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 20%;"> Zip/Postal Code: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 25%;"> Country (if not USA): </div> </div>			
7. Facility or Business RCRA Contact Person			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> First Name: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Jackie</div> </div> <div style="width: 30%;"> Last Name: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Howard</div> </div> <div style="width: 35%;"> Title: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Branch Admin.</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> Phone Number: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">(386) 758-7444</div> </div> <div style="width: 10%;"> Extension: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;"> </div> </div> <div style="width: 30%;"> E-Mail: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">jhoward@flaglerce.com</div> </div> <div style="width: 30%;"> Fax: (386) 758-7444 </div> </div> <div style="margin-top: 5px;"> Street or P.O. Box: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> City or Town: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 10%;"> State: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 20%;"> Zip Code: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> <div style="width: 25%;"> Country (if not USA): </div> </div>			
<input checked="" type="checkbox"/> Same address as #__ above or:			
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.) <input type="checkbox"/> Same address as #__ above or:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Name of Owner: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">United Rentals Realty, LLC</div> </div> <div style="width: 35%;"> Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Street or P.O. Box: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Five Greenwich Office Park</div> </div> <div style="width: 35%;"> Phone Number: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">(203) 622-3131</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> City or Town: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">Greenwich</div> </div> <div style="width: 10%;"> State: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">CT</div> </div> <div style="width: 15%;"> Zip Code: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">06831</div> </div> <div style="width: 30%;"> Country (if not USA): </div> </div> <div style="margin-top: 5px;"> Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div>			

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste

☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ 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)

☐ 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

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 Order (HWA, etc.)

(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

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) 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 Default☐ (D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input type="checkbox"/> 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:

Contact for:

☐ HW Transporter

☐ Used Oil Handler

☐ Universal Waste

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000213686
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>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).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required	
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. **FLR000213686****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.

This form is: ☐ 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 _____

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 (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 (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.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

☒ a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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): **Corporate office is located at 8418 Palm River Road, Tampa, FL 33619.**

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)
	Bartol Montenegro CFO	<input checked="" type="checkbox"/>	03-19-1998
		<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:

Lisa Albury **(407)965-5945** **lalbury@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, _____ through December 31, _____

Use the information recorded in your **Record Keeping Form [62-710.901(2)]** or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment 2. Telephone No. (850) 758-7444
Site Address: 539 SW Arrowhead Terrace, Lake City, FL 32024
3. EPA ID No. FLR000213686

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury
Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) (407) 965-5945

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	506	0	506
0	0	0	0
			130
			636

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
584	
584	
52	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year	0	
2. Number of used oil filters collected	624	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	624	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	500	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	0	
d. TOTAL	500	
5. End of year, on hand estimate (Line 3 minus Line 4d)	124	
6. Gallons of used oil collected as a result of filter processing	23	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	607	
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	23	
9. Description of oily waste management	Oily rags and pads sent to Safety Kleen Facility to be recycled.	


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 55- 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.

	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	Date Received (for FDEP Official Use Only)																
EPA ID: FLR0000213694		Please use the instructions document to complete this form																
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <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, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div> FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input checked="" type="checkbox"/> Used Oil (see page 4) </div> </div>																	
2. Facility or Business Name	Flagler Construction Equipment																	
3. Facility Operator <small>(List additional Operators in the comments section.)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Operator: Flagler Construction Equipment</td> <td colspan="2">Date became Operator: 11 / 10 / 14</td> </tr> <tr> <td colspan="2">Street or P.O. Box: 8750 Philips Hwy.</td> <td colspan="2">Phone Number: (904) 737-6000</td> </tr> <tr> <td>City or Town: Jacksonville</td> <td>State: FL</td> <td>Zip Code: 32256</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Operator: Flagler Construction Equipment		Date became Operator: 11 / 10 / 14		Street or P.O. Box: 8750 Philips Hwy.		Phone Number: (904) 737-6000		City or Town: Jacksonville	State: FL	Zip Code: 32256	Country (if not USA):	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
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Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																		
4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Physical Street Address:</td> <td><input type="checkbox"/> Vessel</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td colspan="2">Zip Code:</td> </tr> <tr> <td>County:</td> <td colspan="3">Country (if not USA):</td> </tr> </table>		Physical Street Address:			<input type="checkbox"/> Vessel	City or Town:	State:	Zip Code:		County:	Country (if not USA):						
Physical Street Address:			<input type="checkbox"/> Vessel															
City or Town:	State:	Zip Code:																
County:	Country (if not USA):																	
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A. 811310 (required)</td> <td>B. _____</td> </tr> <tr> <td>C. _____</td> <td>D. _____</td> </tr> </table>		A. 811310 (required)	B. _____	C. _____	D. _____												
A. 811310 (required)	B. _____																	
C. _____	D. _____																	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip/Postal Code:</td> <td>Country (if not USA):</td> </tr> </table>		City or Town:	State:	Zip/Postal Code:	Country (if not USA):												
City or Town:	State:	Zip/Postal Code:	Country (if not USA):															
7. Facility or Business RCRA Contact Person	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>First Name: Shawn</td> <td>Last Name: Northcraft</td> <td colspan="2">Title: Service Manager</td> </tr> <tr> <td>Phone Number: (904) 737-6000</td> <td>Extension: 4641</td> <td>E-Mail: snorthcraft@flaglerce.com</td> <td>Fax: (904) 737-1260</td> </tr> <tr> <td colspan="4">Street or P.O. Box:</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> </table>		First Name: Shawn	Last Name: Northcraft	Title: Service Manager		Phone Number: (904) 737-6000	Extension: 4641	E-Mail: snorthcraft@flaglerce.com	Fax: (904) 737-1260	Street or P.O. Box:				City or Town:	State:	Zip Code:	Country (if not USA):
First Name: Shawn	Last Name: Northcraft	Title: Service Manager																
Phone Number: (904) 737-6000	Extension: 4641	E-Mail: snorthcraft@flaglerce.com	Fax: (904) 737-1260															
Street or P.O. Box:																		
City or Town:	State:	Zip Code:	Country (if not USA):															
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Owner: Zambetti Land Trust</td> <td colspan="2">Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box: 10 La Vista Dr.</td> <td colspan="2">Phone Number: (904) 285-2290</td> </tr> <tr> <td>City or Town: Ponte Verde Beach</td> <td>State: FL</td> <td>Zip Code: 32082</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Owner: Zambetti Land Trust		Date became Owner: ____ / ____ / ____ <input type="checkbox"/> New Owner mm dd yy		Street or P.O. Box: 10 La Vista Dr.		Phone Number: (904) 285-2290		City or Town: Ponte Verde Beach	State: FL	Zip Code: 32082	Country (if not USA):	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
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Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																		

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ **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)

☐ **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

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 Order (HWA, etc.)

(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**

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐
- (1) 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 Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration

 EPA ID No. **FLR000213694**
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. 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])

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 at any one time 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 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:

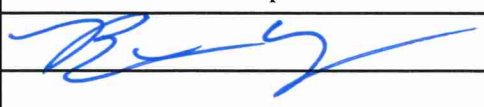
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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): **Corporate office is located at 8418 Palm River Road, Tampa, FL 33619.**

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)
	Barto Montgomery CFO	<input checked="" type="checkbox"/>	03-19-2019
		<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:

Lisa Albury (Name of person completing this form) **(407)965-5945** (Phone Number) **lalbury@flaglerce.com** (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, 2018 through December 31, 2018

Use the information recorded in your **Record Keeping Form [62-710.901(2)]** or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment 2. Telephone No. (904) 737-6000
Site Address: 8750 Philips Hwy., Jacksonville, FL 32256
3. EPA ID No. FLR000213694

☐ Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) Lisa Albury
Title: Dir. Compliance, Safety & Training Phone number (if different from #2, above) (407) 965-5945

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	5863	0	5863
0	0	0	0
			0
			5863

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
5863	
5863	
0	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓
--	---------------------------------------

1. Number of filters on hand from previous year	0	
2. Number of used oil filters collected	6789	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	6789	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	6469	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	0	
d. TOTAL	6469	
5. End of year, on hand estimate (Line 3 minus Line 4d)	320	
6. Gallons of used oil collected as a result of filter processing	318	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	6181	
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	318	
9. Description of oily waste management <u>Oily rags and pads sent to Safety Kleen facility to be recycled.</u>		

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 55- 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.

Data Home | HW Handlers | Permit Tracking | RCRA Guidance | Management Reports | Databases | Data Quality | Help

Activity History for:

EPAID: FLR000088518, Flagler Construction Equipment

Note: ETA links to Enforcement Tracking Activity

Legend of Status Types

Date Done	Activity Type	Activity Comments	ETA Link
10/23/2014	Site Inspection	Routine; SQG (100-1000 kg/month) - Routine; Used Oil Transporter	
12/9/2014	Verbal Compliance Assitance Offer	Finished-12/09/2014	

Violation History

Vio#	Area	Regulation	Opened By	Date Determined	Completed	ETA	Act	Act Date	Regulation Text Excerpt (mouse over for more text)
1	XXS	62-710.500	Camp_Sd	10/23/2014	12/8/2014		173441	10/23/2014	Registration and Notification.

Legend of Status Types:

- **NNOT** indicates facility is a Non-Notifier and may not have been issued an EPAID - Check on these before giving out this EPAID.

Status: PTSD = Operating Treater/Storer/Disposer Permit , PC = Post-Closure Permit, CO = Closure order, CA = Corrective Action Permit

LQG - Large Quantity Generator
SQG - Small Quantity Generator
CES - Conditionally Exempt Small Quantity Generator
NHR - Non-Handler of Hazardous Waste CLO - Closed
TRA - Hazardous Waste Transporter
TSD - Treatment/Storage/Disposal Facility – this is more broken out in the Internal report.
NRTRA – is a handler that was once registered as a hazardous waste transporter but is not currently registered.
UOT – is a currently registered Used Oil Handler
NRUOT – is a handler that was once registered as a used oil handler but is not currently registered.
NR-TRA – is a handler which has handler status of hazardous waste transporter but is not registered as such.
NR-UOT – is a handler which has handler status of used oil handler but is not registered as such.
Non Reg Tra – is a generic warning message that the facility has a handler status of either used oil or hazardous waste transporter, but is not registered as such. That is for internal users to help recognize where waste activities data is not the same as registration data.

Location : CINTAS FIRE PROTECTION

*** INVOICE

CUSTOMER COPY ***

Invoice # : 0F32613340 Inv Date : 10/04/2018
Customer : 26727 Loc : F32
Type . . : CHG-S Route . : 04
PO Number : Acct # : 26727
WO Number : Acct Zip : 33619
Service Visit : 5386241

Remit to:
CINTAS FIRE 636525
P.O. BOX 636525
CINCINNATI, OH 452636525
(813) 621-6094

Bill to:
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Serviced:
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Item	Qty	Description	Unit Price	Net Amount	Tx
AX456	1	EXTINGUISHER, 10# ABC, ALUMINUM VALVE	155.21	155.21	Y
DISP	5	MATERIAL RECYCLE & DISPOSAL	8.30	41.50	Y
DISPBAT	7	BATTERY RECYCLE & DISPOSAL	6.72	47.04	Y
EXB64	7	BATTERY, 6V 4 AH	59.28	414.96	Y
DC10	5	RECHARGE, 10# DRY CHEMICAL	35.52	177.60	Y
DC5	1	RECHARGE, 5# DRY CHEMICAL	23.66	23.66	Y
EEOR	6	O RING ASSEMBLY	7.05	42.30	Y
EESEAL	26	FLAG SEAL/TAMPER INDICATOR	2.41	62.66	Y
EEVSC	6	VERIFICATION SVC COLLAR	4.71	28.26	Y
EEVSTEM	6	VALVE STEM ASSEMBLY	16.56	99.36	Y
IN	26	FIRE EXT. INSPECTION	9.49	246.74	Y
INEL	8	INSPECTION, LIGHTING, EMERGENCY AND/OR EXIT			

Location : CINTAS FIRE PROTECTION

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TAMPA, FL 33619

Item	Qty	Description	Unit Price	Net Amount	Tx
			13.99	111.92	Y
INPTT	17	INSP, ELIGHT PUSH TO TEST	5.77	98.09	Y
SY	6	6YR MAINT-INTERNAL INSPCT	21.26	127.56	Y
SC	1	SERVICE CHARGE	60.00	60.00	Y

SUB-TOTAL : 1,736.86
TAX : 121.58
TOTAL : 1,858.44

PLEASE PAY FROM THIS INVOICE
WE ACCEPT VISA/MC/AMEX AND DISCOVER
TO MAKE A PAYMENT BY PHONE: 570.891.0493 OR EMAIL
NEUBAUERK@CINTAS.COM
LICENSE NUMBERS: #EF20001213
#20678300012010 #94476600042007 #94476600032007

Date : 3/04/19
Time : 9:41:46

Cintas Corporation
Site Survey Report

Page . . : 1
Report ID: CU249R

Location : 00F32 CINTAS FIRE PROTECTION

Contract : 26727
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Customer : 26727
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Contact : FRANK BODINE

Seq	Category	Description	Location	Mfg Date	Exch Date	Next Service
20	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	STCK RM W WALL			
		Mfg: AMEREX Serial Number CC96353		2014	2014H	October
65	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	SHOP N RACKS			
		Mfg: AMEREX Serial Number YE305366		2018	2018H	October
70	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	SHOP E EXIT N			
		Mfg: AMEREX Serial Number RP580318		2018	2018H	October
80	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	TRUCK 231309			
		Mfg: AMEREX-I Serial Number B76520094		2016	2016H	October
190	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	BREAKROOM			
		Mfg: AMEREX Serial Number CC96355		2014	2014H	October
200	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	LOBBY			
		Mfg: AMEREX Serial Number CC96370		2014	2014H	October
210	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	OFFICE 2FL W WALL			
		Mfg: AMEREX Serial Number CC96146		2014	2014H	October
220	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	OFFICE 2FL N WALL			
		Mfg: AMEREX Serial Number CC96562		2014	2014H	October
230	EXTINGUISHER	AND FIR 20 LB ABC DRY CHEM	USED OIL			
		Mfg: AMEREX Serial Number A22709031		2014	2014H	October
240	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194355			
		Mfg: KIDDE Serial Number BZ100678		2013	2013H	October
250	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194355			
		Mfg: AMEREX Serial Number AS889860		2011	2011H	October
260	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194355			
		Mfg: KIDDE Serial Number BU627483		2014	2014H	October
270	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194355			
		Mfg: KIDDE Serial Number AP741343		2012	2013H	October
280	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194355			
		Mfg: KIDDE Serial Number BZ100865		2013	2013H	October
330	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 230070			
		Mfg: KIDDE Serial Number BT515568		2013	2013H	October
340	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 230070			
		Mfg: AMEREX Serial Number AV183291		2012	2012H	October
350	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194357			
		Mfg: KIDDE Serial Number AP236939		2011	2011H	October
110	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 121956			
		Mfg: PEMALL Serial Number BZ100681		2013	2013H	October
30	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	STCKRM E WALL			
		Mfg: AMEREX Serial Number CC96371		2014	2014H	October
360	EXTINGUISHER	AND FIR 10 LB ABC DRY CHEM	TRUCK 194357			
		Mfg: BADGER Serial Number BR131411		2013	2013H	October
370	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194358			
		Mfg: AMEREX Serial Number B04701001		2015	2015H	October
380	EXTINGUISHER	AND FIR 5 LB ABC DRY CHEM	TRUCK 194358			
		Mfg: AMEREX Serial Number BK808361		2013	2013H	October

Date : 3/04/19
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TAMPA, FL 33619

Contact : FRANK BODINE

Seq	Category	Description	Location	Mfg Date	Exch Date	Next Service
50	EXTINGUISHER AND FIR	10 LB ABC DRY CHEM	SHOP W WALL S			
	Mfg: AMEREX	Serial Number AS142632		2018	2018H	October
60	EXTINGUISHER AND FIR	10 LB ABC DRY CHEM	SHOP W WALL N			
	Mfg: ANSUL	Serial Number R321564		2017	2017H	October
90	EXTINGUISHER AND FIR	10 LB ABC DRY CHEM	SHOP SE EXIT			
	Mfg: BADGER	Serial Number BR131411		2013	2013H	October
400	EXTINGUISHER AND FIR	10 LB ABC DRY CHEM	TRUCK126649			
	Mfg: BUCKEYE	Serial Number K067616		2010	2016H	October
410	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	LOBBY			
	Mfg:	Serial Number		1900	1900	October
420	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	BREAKRM EXIT			
	Mfg:	Serial Number		1900	1900	October
430	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	RECEPTIONIST			
	Mfg:	Serial Number		1900	1900	October
440	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	WOMENS RESTRM			
	Mfg:	Serial Number		1900	1900	October
450	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	RESTRM HALL			
	Mfg:	Serial Number		1900	1900	October
460	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	MENS RESTRM			
	Mfg:	Serial Number		1900	1900	October
470	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL W WALL			
	Mfg:	Serial Number		1900	1900	October
480	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL WOMENS RESTRM			
	Mfg:	Serial Number		1900	1900	October
490	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL MENS RESTRM			
	Mfg:	Serial Number		1900	1900	October
500	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL N WALL W			
	Mfg:	Serial Number		1900	1900	October
510	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL N MID HALL			
	Mfg:	Serial Number		1900	1900	October
520	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL N WALL E			
	Mfg:	Serial Number		1900	1900	October
530	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	2FL E HALL N			
	Mfg:	Serial Number		1900	1900	October
540	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	2FL NE HALL			
	Mfg:	Serial Number		1900	1900	October
550	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	2FL NE EXIT			
	Mfg:	Serial Number		1900	1900	October
560	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	SHOP SE EXIT			
	Mfg:	Serial Number		1900	1900	October
570	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	STCKRM N WALL			
	Mfg:	Serial Number		1900	1900	October
580	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	STCKRM E WALL			
	Mfg:	Serial Number		1900	1900	October

Date : 3/04/19
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Customer : 26727
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8418 PALM RIVER RD
TAMPA, FL 33619

Contact : FRANK BODINE

Seq	Category	Description	Location	Mfg Date	Exch Date	Next Service
590	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	STCKRM S EXIT			
	Mfg:	Serial Number		1900	1900	October
600	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	SHOP LOCKER RM			
	Mfg:	Serial Number		1900	1900	October
610	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	SHOP SW EXIT			
	Mfg:	Serial Number		1900	1900	October
620	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	SHOP W WALL			
	Mfg:	Serial Number		1900	1900	October
630	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	SHOP NW EXIT			
	Mfg:	Serial Number		1900	1900	October
640	EMERGENCY OR EXIT LI	EXIT SIGN - DC BACKUP	SHOP NE EXIT			
	Mfg:	Serial Number		1900	1900	October
650	EMERGENCY OR EXIT LI	EMERG LIGHT - DC BACKUP	SHOP E WALL			
	Mfg:	Serial Number		1900	1900	October
660	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		TRUCK 231309			
	Mfg: BADGER	Serial Number YE-000428		2006	2012I	October
670	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: KIDDE	Serial Number CC588903		2014	2014H	October
680	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number CF-864848		2014	2014H	October
690	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number BZ-100668		2013	2013H	October
700	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number BR-055665		2013	2013H	October
720	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number BR-055677		2013	2013H	October
750	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number BT-522858		2013	2013H	October
770	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: BADGER	Serial Number BZ-100665		2013	2013H	October
790	EXTINGUISHER AND FIR 10 LB ABC DRY CHEM		SPARE			
	Mfg: BUCKEYE	Serial Number AD738399		2018	2018H	October
40	EXTINGUISHER AND FIR 10 LB ABC DRY CHEM		SHOP S WALL			
	Mfg: BADGER	Serial Number CF-879007		2014	2014H	October
830	EXTINGUISHER AND FIR 10 LB ABC DRY CHEM		SPARE			
	Mfg: AMEREX	Serial Number XU218061		2018	2018H	October
850	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		TRUCK 194344			
	Mfg: BADGER	Serial Number AS-557205		2012	2012H	October
860	EXTINGUISHER AND FIR 2.5 LB ABC DRY CHEM		TRUCK DKU D86			
	Mfg: AMEREX	Serial Number BB784233		2012	2012H	October
390	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		TRUCK 121956			
	Mfg: BADGER	Serial Number BZ-100681		2013	2013H	October
880	EXTINGUISHER AND FIR 5 LB ABC DRY CHEM		SPARE			
	Mfg: ANSUL	Serial Number PU-672298		2017	2017I	October

Date : 3/04/19
Time : 9:41:46

Cintas Corporation
Site Survey Report

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Report ID: CU249R

Location : 00F32 CINTAS FIRE PROTECTION

Contract : 26727
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Customer : 26727
FLAGLER CONSTRUCTION EQUI
8418 PALM RIVER RD
TAMPA, FL 33619

Contact : FRANK BODINE

Seq	Category	Description	Location	Mfg Date	Exch Date	Next Service
100	EXTINGUISHER AND FIR	10 LB ABC DRY CHEM	SHOP SPARE			
		Mfg: AMEREX Serial Number F46824751		2018	2018H	October
900	EXTINGUISHER AND FIR	5 LB ABC DRY CHEM	SPARE			
		Mfg: AMEREX Serial Number AX67617		2018	2018H	October
910	EXTINGUISHER AND FIR	5 LB ABC DRY CHEM	SPARE			
		Mfg: KIDDE Serial Number C88770255		2017	2017H	October

***** End of Report*****

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Purpose

Each FLAGLER CE HOLDINGS, LLC location shall have a written Emergency Action Plan, appropriate to the hazards of the workplace, in order to respond to an emergency that may require rescue or evacuation.

Each Emergency Action Plan shall be prepared to reflect all known probable emergency conditions which may arise from within the workplace and from adjacent workplaces, the minimum of which will include fire or other emergencies.

The emergency action plan must be available to all employees to review. An emergency action plan must be in writing, kept in the workplace and available to employees for review. However, if a site has 10 or fewer employees the plan may be orally to employees.

Emergency Response Planning, Issuing and Annual Review Guidelines

Emergency Procedures shall be issued and discussed with all new/transferred personnel upon arrival for assignment.

Emergency Action Plans shall be established, implemented, reviewed, maintained and updated annually in conjunction with:

- Client emergency services department requirements.
- FLAGLER CE HOLDINGS, LLC safety staff and management.
- The requirement to ensure the plan is up to date to reflect current circumstances at the workplace.

The plan is to be reviewed before the job and when conditions warrant and should be used for routine and non-routine emergencies as well as changes in operation, and products or services which warrant new emergencies situations.

Reviewing the Emergency Action Plan with Employees

A review of the emergency action plan should occur with employees:

- When the plan is developed or the employee is assigned initially to a job.
- When the employee's responsibilities under the plan change.
- When the plan is changed.

Procedures for Emergency Evacuation Planning

The emergency action plan must include procedures for emergency evacuation. An emergency action plan must include, at a minimum, procedures for emergency evacuation, including type of evacuation and exit route assignments.

The individual site evacuation procedure shall be appropriate to the risk must be developed and implemented to:

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- Notify staff, including the first aid attendant, of the nature and location of the emergency,
- Evacuate employees safely and procedures to account for all employees after evacuation,
- Check and confirm the safe evacuation of all employees,
- Notify the fire department or other emergency responders, and
- Notify adjacent workplaces or residences which may be affected if the risk of exposure to a substance extends beyond the workplace. Notification of the public must be in conformity with the requirements of other jurisdictions, including provincial and municipal agencies.

List of Potential Emergencies

The emergency action plan must include procedures for reporting a fire or other emergency. An emergency action plan must include, at a minimum, procedures for reporting a fire or other emergency.

Each location shall conduct a risk assessment for hazards posed by potential hazardous substances from accidental release, fire or other such emergencies that could cause an evacuation or rescue and list the potential emergencies for FLAGLER CE HOLDINGS, LLC operations. Procedures for each of these potential emergencies shall be contained within the Emergency Action Plan. Examples include:

- Fire
- Gas Leaks/Chemical Spills
- Bomb Threats
- Medical Emergencies
- Explosion
- Workplace Violence

Guidance Procedures for Potential Emergencies

Fire

- Warn others in the immediate area. Notify the appropriate emergency response personnel by phone or radio and pull the nearest fire alarm if present.
- If nearby staff have been trained, and it is safe to do so, fight the fire using a portable fire extinguisher. Remember, if in doubt get out.
- Evacuate the premises via the nearest exit and proceed to the nearest Emergency Assembly Area.
- Re-enter only after the Emergency Coordinator has given an ALL CLEAR.

Gas Leaks/Chemical Spills - Upon smelling or noticing a gas leak or unusual vapors, or a chemical spill:

- Pull fire alarm (if present) or sound warning and evacuate the premises via the nearest exit
- Proceed to the Emergency Assembly Area
- Contact local emergency response personnel by phone or radio
- Re-enter only after the Emergency Coordinator has given an ALL CLEAR.

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If employees are required to control a release of a hazardous substance, to perform cleanup of a spill, or to carry out testing before re-entry, FLAGLER CE HOLDINGS, LLC shall provide:

- Adequate written safe work procedures and documented training.
- Appropriate personal protective equipment which is readily available to employees and is adequately maintained, and
- Material or equipment necessary for the control and disposal of the hazardous substance.

Bomb Threats

- If a threat is received by phone, mail or other means, get as much information as possible.
- If the threat is received by phone, try to keep the person on the line for as long as possible. Do not hang up the phone, even after the call has been terminated.
- Contact local emergency response personnel by phone or radio.
- If a suspicious device is identified, evacuate the immediate area and notify local emergency response personnel.

Medical Emergencies

- Call for assistance by phone or radio. Give the exact location and details of the medical emergency.
- If qualified, provide basic first aid, and keep the person comfortable. Do not move the person. Do not leave him/her unattended.
- Arrange for emergency medical transportation based on the medical planning portion of the site's Emergency Action Plan.

Explosions

- Get down on the floor, take shelter under tables or desks, and protect your face and head against flying glass and debris.
- Once it is safe to do so, evacuate the premises via the nearest exit and proceed to the nearest Emergency Assembly Area.
- Re-enter only after the Emergency Coordinator has given an ALL CLEAR.

Workplace Violence

- Notify security immediately by phone or radio and report the occurrence.
- Do NOT attempt to physically intervene. Protect yourself first at all costs.

Emergency Response Equipment

Listing of Types of Emergency Equipment

Each site Emergency Action Plan shall identify, list the locations of and provide operational procedures for types of emergency equipment. For off-site locations, available emergency equipment should be identified and reviewed with workers prior to commencing work activities. Examples include:

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- Living areas with an audible alarm and a fire hose cabinet.
- Emergency lighting, exit doors, dampers and fire stop flaps.
- First aid kits located throughout the facility and in vehicles.
- Portable fire extinguishers being located throughout the facility and clearly marked.
- Only authorized and trained personnel will operate emergency equipment.

Inspection & Maintenance Records

Maintenance records must be kept, including but not limited to the name of manufacturer, the type of equipment, the date put into service, when and for what purpose the equipment has been used, the date of the last inspection and name of the inspecting person, any damage suffered, and the date and nature of any of maintenance on emergency response equipment.

Ropes and associated equipment must be inspected visually and physically by qualified employees after each use for rescue, evacuation or training purposes.

The FLAGLER CE HOLDINGS, LLC designated representative will perform and maintain the FLAGLER CE HOLDINGS, LLC Emergency Inspection Checklist Form on a monthly basis. The checklist shall be maintained for retention in active files for two years and in on site archives for seven years.

Media Response Plan

FLAGLER CE HOLDINGS, LLC employees must not be interviewed by anyone unless the Legal Department has given prior approval. In most cases the Legal Department will have an attorney present for such interviews.

Note: If after FLAGLER CE HOLDINGS, LLC personnel have received approval for an interview from the Legal Department and another party's attorney appears unannounced, you should politely adjourn the interview until the FLAGLER CE HOLDINGS, LLC Legal Department can be contacted. Personnel must not give any work related interviews, affidavits, written or recorded statements, or depositions without the express approval from the FLAGLER CE HOLDINGS, LLC Legal Department.

In the case of interviews of FLAGLER CE HOLDINGS, LLC employees by non-attorneys, (law enforcement, government officials, media, etc.) you must inform the Legal Department before the interview. If the interview is taped or videotaped, you must request a copy of the tape. If the interview is reduced to writing, you must ask for a copy of any notes or statements taken. This procedure is to avoid information being misrepresented.

All media requests should be referred to the FLAGLER CE HOLDINGS, LLC Chief Operating Officer. Unless requested to do so by the Legal Department, other Flagler CE Holdings, LLC personnel are not to give interviews or make statements to the media. Management prefers that families of personnel involved in an incident receive initial notification from a FLAGLER CE HOLDINGS, LLC representative and not the media.

Training

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FLAGLER CE HOLDINGS, LLC shall ensure training for Emergency Action Plan is delivered, documented and prepares the staff and facility for emergency conditions. FLAGLER CE HOLDINGS, LLC will designate and train employees to assist in a safe and orderly evacuation of other employees. Requirements include:

- All employees must be given adequate instruction in the fire prevention and emergency evacuation procedures applicable to their workplace.
- The designated site representative shall provide the Emergency Action Plan orientation to all new/transferred personnel before they begin work.
- All personnel shall receive a review/update orientation at least annually, or whenever any new/revised information is to be provided.
- The Emergency Action Plan Orientation Check List shall be completed after orientation and the record maintained in the individual's training records.
- FLAGLER CE HOLDINGS, LLC management shall ensure that contractors/consultants working in areas under the supervision of FLAGLER CE HOLDINGS, LLC also receive the Emergency Action Plan orientation upon arrival to the area.
- Employees expected to perform duties under the Emergency Action Plan will be trained prior to assuming their roles. This will include simulated rescue or evacuation exercises and regular retraining, appropriate to the type of rescue or evacuation being provided, and training records must be kept.
- A list of trained staff responders shall be posted and maintained indicating their name, response function, their work location and what type of equipment they have been trained for.

Location and Use of Emergency Facilities

FLAGLER CE HOLDINGS, LLC shall ensure each Emergency Action Plan lists the location and how to use emergency facilities for each work site. For off-site locations, outside services that can provide assistance in the event of an emergency should be identified and reviewed with workers prior to commencing work activities. A list shall be posted in a conspicuous area showing local emergency facilities and how to contact. Examples include:

- Client Emergency Response Department (Initial Responder for All Emergencies If Applicable)
- Local Police, Local Hospital, Poison Center (Poison Response) 1-800-332-1414, etc.

Fire Protection & Response

FLAGLER CE HOLDINGS, LLC shall ensure each Emergency Action Plan provides fire protection and response planning within each site Emergency Action Plan and is utilized during all phases of work. As a minimum, all shall include the following:

Protection

- Smoking is not permitted except in designated 'SMOKING' areas.
- Facilities shall be designed and maintained in accordance with local fire code and regulations.
- Portable fire extinguishers shall be stationed, inspected and maintained in accordance with local fire code and regulations. FLAGLER CE HOLDINGS, LLC personnel shall be trained in their use.

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- Flammable and combustible liquids shall be properly stored.
- Employees shall report all fire safety issues to their immediate supervisor.
- Facilities shall be inspected by use of the FLAGLER CE HOLDINGS, LLC Emergency Inspection Checklist

Response

In the event of a fire, personnel working in facility will adhere to the following procedure for their work area:

- Warn others in the immediate area. Notify the appropriate emergency response personnel by phone or radio and pull the nearest fire alarm if present.
- If nearby staff have been trained, and it is safe to do so, fight the fire using a portable fire extinguisher. Remember, if in doubt get out.
- Evacuate the premises via the nearest exit and proceed to the nearest Emergency Assembly Area.
- Re-enter only after the Emergency Coordinator has given an ALL CLEAR.

Roads are designated as fire lanes. Vehicles can stop there for unloading, but no parking will be allowed.

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Alarm & Emergency Communication

Each Emergency Action Plan for FLAGLER CE HOLDINGS, LLC shall contain methods to address alarms and communications in case of an emergency. For off-site locations, the method of emergency notification should be identified and reviewed with workers prior to commencing work activities.

Alarm System

A system must be in place to alert employees. The alarm system shall be distinctive and recognizable as a signal to evacuate the work area or perform actions designated under the emergency action plan. For sites with 10 or fewer employees in a particular workplace, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. Each Emergency Response plan will describe how to activate an alarm and what to do after either activating or hearing an alarm.

Personnel responding to any alarm shall avoid complacency. Every alarm should be treated as an actual incident until proven otherwise. Treating and responding to alarms as a routine happening can result in injuries, fatalities and destruction of property.

Communications

FLAGLER CE HOLDINGS, LLC responders and security use telephones, cell phones and radios in conjunction with emergency response.

Rescue and Evacuation Procedures

Procedures for Rescue and Medical Services

Each site Emergency Action Plan shall address who performs rescue services when required. It is the position of FLAGLER CE HOLDINGS, LLC that all rescue and medical duties are performed by client emergency responders or local governmental responders when on their location. For off-site locations, evacuation procedures and methods of rescue shall be identified and reviewed with workers prior to commencing work activities.

At least one member of a rescue team must be a first aid attendant trained to immobilize an injured employee.

Effective communications must be maintained between the employees engaged in rescue or evacuation and support persons.

Procedure for Evacuation

Preparation for Evacuation

Each site Emergency Action Plan shall contain a procedure for evacuation if required.

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The FLAGLER CE HOLDINGS, LLC designated Emergency Coordinator will maintain an active list of all FLAGLER CE HOLDINGS, LLC and contract emergency responders.

Critical Plant Operations Personnel

Staff designated to remain in the facility to shut down or supervise critical operations or equipment will be specifically trained and authorized by management to perform their duties before any evacuation may occur.

Evacuation Drills

Evacuation drills shall be conducted at least annually. Before conducting an evacuation drill a pre-drill assessment of the evacuation routes and assembly points shall be conducted. The pre-drill assessment is intended to verify that all egress components (stairs, doors, etc.) are in proper order and that occupants can use them safely.

Coordination Within a Facility

Emergency training and drills should also be coordinated within a FLAGLER CE HOLDINGS, LLC facility so that key staff are involved in the planning process and are aware of their responsibilities in an emergency as well as during the drill.

Facility management also needs to be informed of the potential for the interruption in productivity and business operations. Alternatives for the continuity of critical operations need to be considered.

Procedures to Account for All Employees After Evacuation

The emergency action plan must include procedures to account for all employees after the evacuation. An emergency action plan must include, at a minimum, procedures to account for all employees after evacuation. Each muster or assembly point will have a blank roster for evacuees to enter their name. All completed rosters will be gathered and checked against a master list of employees assigned or checked in at the facility to verify all employees are accounted for.

Emergency Evacuation Notification and Routes

In the event of an emergency occurring within or affecting the work site, the Emergency Coordinator makes the following decisions and ensures the appropriate key steps are taken:

- Advise all personnel of the emergency.
- Activate the emergency notification sequence to alert the appropriate responders and initiate emergency notification within the building.
- Evacuate all persons to the identified assembly area and account for everyone including visitors and clients.

All personnel will proceed to the primary safe area immediately located at the identified emergency assembly area for their location.

A copy of escape routes shall be posted in all offices, at all alarm stations and at all exits.

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Sweep Check by FLAGLER CE HOLDINGS, LLC Designated Responders

- FLAGLER CE HOLDINGS, LLC trained responders will establish a pattern that will permit covering the area in the shortest time, with a minimum of backtracking.
- When the evacuation alarm rings, stop work immediately, and conduct a sweep of the area. Ask everyone to leave the premises immediately and proceed to the identified emergency assembly area for their location.
- If you encounter smoke or flame, leave that section immediately, finish your sweep and evacuate the building by activating fire alarm pull stations. Remember, if in doubt get out.
- If anyone refuses to leave, note their name and location, and advise the client emergency services personnel.
- Meet the client emergency services personnel and advise them of your sweep or an area of smoke or flame that you were unable to check. Assist with head count and evacuation if required.
- Ensure that everyone stays at the emergency assembly area until the Emergency Coordinator has given an all clear to re-enter the building.
- In the event of inclement weather, the client will make arrangements to have buses either as temporary shelter or to transport personnel to another location.

Evacuation or Drill Evaluation

Following an evacuation or drill a response review shall be conducted and documented by the FLAGLER CE HOLDINGS, LLC Emergency Coordinator and lessons learned share with the appropriate responders and staff using the FLAGLER CE HOLDINGS, LLC Evacuation Report.

Emergency Response Program Management

Contact information will be provided to employees who need additional information pertaining to the plan or to their respective duties. The FLAGLER CE HOLDINGS, LLC site manager may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.

For the purpose of this Emergency Action Plan guidance the Emergency Coordinator will be designated by the FLAGLER CE HOLDINGS, LLC site manager. His/her alternate will be the FLAGLER CE HOLDINGS, LLC Site Safety Supervisor or otherwise designated by the site manager.

Employees performing rescue or evacuation must wear personal protective clothing and equipment appropriate to the hazards likely to be encountered.

Duties

FLAGLER CE HOLDINGS, LLC Emergency Coordinator

The FLAGLER CE HOLDINGS, LLC Emergency Coordinator ensures that:

- Evacuation drills are conducted on an annual basis.
- Inspections of facilities are performed monthly.

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- All necessary repairs of components for evacuation paths are completed.
- Plans for the modification of any part of an evacuation path are reviewed.
- An up to date list of Fire Wardens is maintained.
- Radios and reflective vests and other response equipment are available.

During an evacuation or evacuation exercise, the FLAGLER CE HOLDINGS, LLC Emergency Coordinator:

- Coordinates activities in accordance with either local authorities or the client Security and ERT as required.
- Coordinates Fire Wardens and informs them the nature of the emergency via handheld radios.

Following an evacuation or evacuation exercise, the FLAGLER CE HOLDINGS, LLC Emergency Coordinator:

- Notifies Fire Wardens that it is safe to re-enter the building.
- Prepares a report following an evacuation (actual or drill).
- Reports to management for follow up or corrective actions.

FLAGLER CE HOLDINGS, LLC Site Safety Supervisor

- Assist the FLAGLER CE HOLDINGS, LLC Emergency Coordinator when requested.

Fire Wardens

- Be equipped with radios and reflective vests. The equipment is to be handed into the FLAGLER CE HOLDINGS, LLC Emergency Coordinator and reissued to the next oncoming Fire Warden for the designated area.
- Be familiar with exits and muster stations for their responsible area.
- Direct residents safely out of the building to the designated muster station or to an alternate location.
- Sweep their effected area, ensuring that the alarms are properly functioning and that residents evacuate safely.
- In order to account for all employees after evacuation the fire wardens or designated personnel shall complete a head count and reconcile the evacuees with the attendance or daily housing report at the assigned muster station or alternate location.
- Radio unaccounted for personnel to Security.
- Notify personnel that they may re-enter the building when permission has been given by the appropriate authorities.

Residents, Contractors & Visitors

- All employees, users, contractors and visitors will follow the instructions of the Fire Wardens, Security, ERT, Safety Personnel, managers and supervisors when asked to evacuate the building.
- Know the two safest and most direct evacuation routes from their work area(s).
- Know the designated evacuation assembly point for the building.

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FLAGLER CE HOLDINGS, LLC Emergency Inspection Checklist

Department:	Location:	Date of Inspection:
Inspected by:	Title:	Ext:

This form is to be used monthly.

	N/A	Yes	No
EGRESS			
Is every means of egress arranged and clearly marked, so that the way to safety is unmistakable at all times?			
Are exits signs lit?			
Are there sufficient exits for the prompt escape of all employees in case of fire or other emergencies?			
Are doors that aren't exits that could be mistaken as one, clearly marked "Not an Exit"?			
Do exit doors swing out?			
Are means of egress at least 28 inches at any point and adequate width for the number of people?			
Are egresses kept clear of obstructions and materials at all times?			
Is there proper lighting for emergency exiting? (i.e. during a power failure)			
Are at least two exits by separate ways of travel available for each occupant?			
Is the minimum width of any exit way no less than 28 inches?			
Are furnishings and decorations so placed that they will not obstruct the exits, the access thereto, or the egress there from, or the visibility thereof?			
Are explosive and highly flammable furnishings or decorations prohibited?			
EMERGENCIES/EVACUATION			
Are evacuation maps posted in readily accessible places?			
Do employees know where their muster point is located?			
Do employees know area hazards, the nearest exit and alternate routes of escape?			
Do employees know the preferred means of reporting emergencies?			
Do employees know the site emergency number(s)?			

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This form is to be used monthly.

	N/A	Yes	No
Is the site emergency number posted on or by the phone?			
Do employees know what signal indicates evacuation?			
Can all personnel perceive the employee alarm?			
Do employees with special assistance needs been addressed?			
Employees questioned know where the emergency shut off is for the natural gas			
FIRE PROTECTION			
Are fire hydrants accessible?			
Are fire hydrants inspected yearly and records maintained to show the date?			
Are control and operating valves locked open or electronically supervised?			
Are fire hoses maintained and periodically tested?			
Are combustible materials kept away from ignition sources?			
Are standpipe and hose system components visually inspected quarterly?			
Is the accumulation of flammable and combustible materials controlled so they do not contribute to fire emergency?			
All product, supplies, merchandise etc. not piled within 18" of Sprinkler heads			
No Combustibles within three feet of Hot Water Tank, Space Heaters and/or Electrical panels			
All Compressed Gas Cylinders tied or chained to eliminate tipping			
DETECTION AND ALARM SYSTEMS			
Are detection systems installed and maintained?			
Are all trouble alarms and fire signals investigated?			
Do detection/alarm systems shut down or reverse HVAC systems for smoke control?			
Do detection/alarm systems close smoke or fire doors?			
Do detection/alarm systems activate local alarms?			
Are alarm and PA systems periodically tested?			
PORTABLE FIRE EXTINGUISHERS			
Does everyone know where the nearest fire extinguisher is stored?			

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This form is to be used monthly.

	N/A	Yes	No
Has the area fire extinguisher been maintenance tested within the last year and tagged to show the date?			
Are fire extinguishers accessible and the proper type for the fire hazard?			
Are employees trained in how to use fire extinguishers?			
Is there a fire extinguisher mounted within 75 ft. of any point in an area?			
Are the extinguishers clean and well cared for?			
Is the seal and lock pin in place?			
Clear access to extinguishers? Not blocked			
Is the extinguisher location plainly marked, so as to be visible at a distance?			
Is the extinguisher class marked on the extinguisher?			
FIRST AID / MEDICAL SUPPLIES			
Are first aid supplies stocked, clean, accessible and sanitary?			
Are there eye/body wash facilities near injurious corrosive materials?			
Is a person or persons adequately trained to render first aid available in the near proximity to the workplace?			
Are AEDs present and operators trained?			
Condition of First Aid Kits Acceptable			
Are employees/subcontractors familiar with the incident/accident reporting process?			
Do employees/subcontractors know where accident/incident forms are located?			

Date of last inspection of sprinkler system (required yearly) _____

Comment/Actions:

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FLAGLER CE HOLDINGS, LLC Evacuation Report

This form is to be used to record all emergency evacuations (including drills).

Building Details

Building Name _____ Number of Floors (including ground) _____
 Designated Muster Station _____ Person Completing Form _____

Evacuation Details

Evacuation Date/Time: _____/_____
 Evacuation Drill Yes ☐ No ☐
 Trigger for Evacuation: Fire Alarm Activated ____ Drill ____ ERT ____ Security ____
 Emergency Situation: _____

Condition: Staff Only ____ All Occupants ____ After Hours ____ Unoccupied ____ Weather _____
 Number of Evacuees _____ Elapsed Time to Evacuate _____ minutes

Evacuation was orderly with no panic Yes ☐ No ☐
 Mobility-impaired persons present (sight, hearing, physical, etc.)? Yes ☐ No ☐
 The majority of evacuees went to the mustering points? Yes ☐ No ☐
 Were the building occupants notified of this drill? Not a drill ☐ Yes ☐ No ☐

Emergency Control Organization

Emergency Coordinator _____ Deputy Emergency Coordinator _____
 Emergency Coordinators were stationed at the proper emergency control point? Yes ☐ No ☐
 All Fire Wardens reported to the Emergency Coordinator? Yes ☐ No ☐
 If not, who did not report in? _____
 All Fire Wardens were identifiable (vests, hard hats, flash lights)? Yes ☐ No ☐
 Control of external building exits achieved? Yes ☐ No ☐
 Did the Fire Wardens perform their duties correctly? Yes ☐ No ☐
 Evacuation maps and emergency procedures posters are up-to-date? Yes ☐ No ☐

Building Fire & Emergency Equipment

Was the evacuation signal audible throughout the building? Yes ☐ No ☐

			Flagler CE Holdings, LLC Safety Management System	
			Doc No:	EAP
			Initial Issue Date:	12/04/2017
EMERGENCY ACTION PLAN			Revision Date:	Initial Version
			12/04/2017	1
			Next Review Date:	12/31/2019
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety	Page:	Page 16 of 21

Automatic closing fire doors closed when the fire alarm activated?

Yes ☐ No ☐

Card access doors automatically released when the fire alarm activated?

Yes ☐ No ☐

Fire doors and emergency exits unobstructed?

Yes ☐ No ☐

		Flagler CE Holdings, LLC Safety Management System		Doc No:	EAP
				Initial Issue Date	12/04/2017
				Revision Date:	Initial Version
EMERGENCY ACTION PLAN				12/04/2017	1
				Next Review Date:	12/31/2019
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Emergency Response Members

Client: Maintenance ☐ Security ☐ FLAGLER CE HOLDINGS, LLC Emergency Coordinator ☐ HSE ☐

Emergency Response Team Fire Brigade ☐ Ambulance ☐ Police ☐ Other: _____

FLAGLER CE HOLDINGS, LLC Action Sheet

Issue(s)	Action(s) Required	By Who	By When	Sign Off/Date

Records

	Flagler CE Holdings, LLC Safety Management System	Doc No:	EAP
		Initial Issue Date	12/04/2017
		Revision Date:	Initial Version
EMERGENCY ACTION PLAN		12/04/2017	1
		Next Review Date:	12/31/2019
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety	Page: Page 18 of 21

- Keep the original in your Emergency Response folder and monitor to ensure all action items completed as soon as possible. Report delays to senior management.
- Copies shall be distributed in accordance with the FLAGLER CE HOLDINGS, LLC Site Emergency Action Plan.

Emergency Action Plan Orientation Check List

Employee Name _____ Department _____

Hire/Transfer Date _____ Orientation Date _____

- [] Emergency Procedures
- [] Evacuation route(s) from assigned work area
- [] Evacuation from an unfamiliar area
- [] Location of Emergency Assembly Areas
- [] Receiving and following instructions during an emergency
- [] ALL CLEAR and re-entry procedure
- [] Reporting hazards and/or substandard conditions
- [] Advising anyone who may require assistance during an emergency evacuation
- [] Location of Emergency Equipment (i.e. Fire Extinguishers, etc.)

Employee Signature: _____

Orientation Conducted by: _____

Job Position/Title: _____

	Flagler CE Holdings, LLC Safety Management System	Doc No:	EAP
		Initial Issue Date	12/04/2017
		Revision Date:	Initial Version
EMERGENCY ACTION PLAN		12/04/2017	1
		Next Review Date:	12/31/2019
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety	Page: Page 19 of 21

Sample Emergency Action Plan Core Requirements

POTENTIAL EMERGENCIES (BASED ON HAZARD ASSESSMENT)	The following are identified potential emergencies: <ul style="list-style-type: none"> • Fire • List others 	
EMERGENCY PROCEDURES	In the event of a fire occurring within or affecting the work site, the Emergency Coordinator (or deputy) makes the following decisions and ensures the appropriate key steps are taken: <ul style="list-style-type: none"> • advise all personnel • pull the fire alarm to alert the nearest fire station and initiate all fire alarms within the building • evacuate all persons to a safe point in the assembly area and account for everyone including visitors and clients 	
LOCATION OF EMERGENCY EQUIPMENT	Emergency equipment is located at: <ul style="list-style-type: none"> • Fire Alarm – List • Fire Extinguisher – List • Fire Hose - List 	
WORKERS TRAINED IN THE USE OF EMERGENCY EQUIPMENT	(1) _____ (2) _____ (3) _____ (4) _____	
EMERGENCY RESPONSE TRAINING REQUIREMENTS	Type of Training <ul style="list-style-type: none"> • Use of fire extinguishers • Practice fire drills 	Frequency <ul style="list-style-type: none"> • Orientation and annually • At the call of site management
LOCATION AND USE OF	The nearest emergency services are located at:	

			Doc No:	EAP
			Initial Issue Date	12/04/2017
			Revision Date:	Initial Version
EMERGENCY ACTION PLAN			12/04/2017	1
			Next Review Date:	12/31/2019
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety	Page:	Page 20 of 21

EMERGENCY FACILITIES	<ul style="list-style-type: none"> List facilities
FIRE PROTECTION REQUIREMENTS	<ul style="list-style-type: none"> List all site fire protection requirements.
ALARM AND EMERGENCY COMMUNICATION REQUIREMENTS	<ul style="list-style-type: none"> Pulling the fire alarm automatically alerts the fire department and initiates an alarm within the building The fire alarm signal is (describe sound and pattern)
FIRST AID	<p>First aid supplies are located at:</p> <ul style="list-style-type: none"> List <p>First Aiders are:</p> <ul style="list-style-type: none"> List all names <p>Transportation for ill or injured workers is by (describe). The contact number or radio channel is (describe).</p>
PROCEDURES FOR RESCUE AND EVACUATION	<p>In case of fire:</p> <ul style="list-style-type: none"> Advise all personnel Pull the fire alarm Evacuate all persons to a safe point in the staff parking lot and account for everyone including visitors and clients Assist ill or injured workers to evacuate the building Provide first aid to injured workers if required Call emergency response personnel to arrange for transportation of ill or injured workers to the nearest health care facility if required.
DESIGNATED RESCUE AND EVACUATION WORKERS	<p>The following workers are trained in rescue and evacuation (or describe client rescue organization):</p> <p>(1) _____</p>

		Flagler CE Holdings, LLC Safety Management System		Doc No:	EAP
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				Revision Date:	Initial Version
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Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety		Page:	Page 21 of 21

	(2) _____ (3) _____ (4) _____
Completed on: _____ Signed: _____	



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

July 30, 2018

Jon Wilson
Flagler Construction Equipment
8418 Palm River Rd
Tampa, FL 33619

BE IT KNOWN THAT

Flagler Construction Equipment
8418 Palm River Rd
Tampa, FL 33619- 4314

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

For regulatory guidance, go to:

http://www.dep.state.fl.us/waste/categories/used_oil/default.htm

The Department of Environmental Protection hereby issues

Registration Number **FLR000088518** on July 30, 2018

Transporter Type: **FH**

This registration will expire on 6/30/2019

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

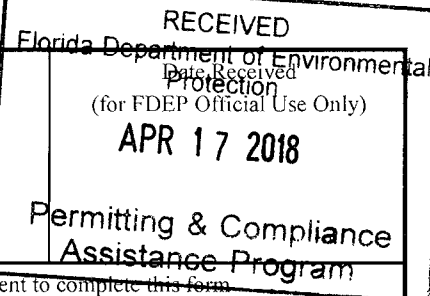
A handwritten signature in black ink, reading "Janet E. Ashwood".

Janet Ashwood
Environmental Consultant
Waste Compliance Assistance Program



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



EPA ID: **FLR000088518**

Please use the instructions document to complete this form

1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5.
Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:
(must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
☒ 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)

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

2. Facility or Business Name

Flagler Construction Equipment

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Flagler Construction Equipment

Date became Operator: **11 / 14 / 10**

Street or P.O. Box:

8418 Palm River Road

Phone Number:

(813) 630-0077

City or Town:

Tampa

State:

FL

Zip Code:

33619

Country (if not USA):

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

4. Facility Physical Location Information

(No P.O. Boxes)

☒ Same address as #3 above or:

Physical Street Address:

☐ Vessel

City or Town:

State:

Zip Code:

County:

Country (if not USA):

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

A. **8111310** (required) B. _____
C. _____ D. _____

6. Facility or Business Mailing Address

☒ Same address as #__ above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

7. Facility or Business RCRA Contact Person

First Name:

Jon

Last Name:

Wilson

Title:

Service Manager

Phone Number:

(813) 630-0077

Extension:

4741

E-Mail:

Jwilson@flaglercc.com

Fax: **(813) 630-2233**

Street or P.O. Box:

☒ Same address as #__ above or:

City or Town:

State:

Zip Code:

Country (if not USA):

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

(List additional owners in the comments section.)
☐ Same address as #__ above or:

Name of Owner:

Store Master Funding IV, LLC

Date became Owner: ____ / ____ / ____

☐ New Owner mm dd yy

Street or P.O. Box:

8501 E. Princess Br. Ste. 190

Phone Number:

(480) 256-1190

City or Town:

Scottsdale

State:

AZ

Zip Code:

85255

Country (if not USA):

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

☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ 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)

☐ 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

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 Order (HSWA, etc.)

(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

- ☐ 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

Choose 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, K019, P012, U112).

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) 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 Default☐ (D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<div><input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:</div> <div>Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste</div>	First Name:		Last Name:		Title:	
	Phone Number:		Extension:	E-Mail:		
	Street or P.O. Box:					
	City or Town:			State:(Country):		Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000088518
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department 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 <u>only</u> 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 <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s). 		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

Hazardous Waste and Used Oil Transporter RegistrationsEPA ID No. **FLR000088518****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.

This form is: ☐ 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 _____

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 (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 (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.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

- ☒ a. Transporter
☒ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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): Corporate Office located @
8418 Palm River Road, Tampa, FL 33619

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)
	Kevin Walden, VP Product Support	<input checked="" type="checkbox"/>	04/13/18
		<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:

Lisa Alburn
(Name of person completing this form)

(407) 965-5945
(Phone Number)

lalburn@flaalterce.com
(E-mail Address)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call 850-245-9707
Florida Department of Environmental
Protection

JUL 30 2018

Permitting & Compliance
Assistance Program

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Sentry Select Insurance Company

(Name of Insurer)

(the "Insurer"), of 1800 North Point Drive, Stevens Point, WI 54481

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Flagler CE Holdings LLC DBA Flagler Construction Equipment

(Name of Insured)

(the "Insured"), of 9601 Boggy Creek RD Orlando, FL 32824

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>	
FLR000097378	Flagler Construction Eqt.	9601 Boggy Creek Rd., Orlando, FL	32824
FLR000088518	Flagler Construction Eqt.	8418 Palm River Rd., Tampa, FL	33619
FLR000213694	Flagler Construction Eqt.	8750 Philips Hwy., Jacksonville, FL	32207

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 25-51455-05, issued on 05/01/2018.
(date)

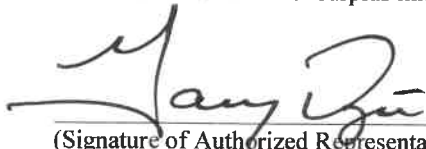
The effective date of said policy is 05/01/2018 and the expiration date of said policy is 05/01/2019.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$1,000,000 for each accident in excess of the underlying limit of \$1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 25-51455-05, issued on 05/01/2018. The effective date of said policy is 05/01/2018 and the expiration date of said policy is 05/01/2019.
(date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Gary Deja

(Typed name)

Account Manager

(Title)

Authorized Representative of

Sentry Select Insurance Company

(Name of Insurer)

1800 North point Drive Stevens Point WI 54481

(Address of Representative)



RECEIVED

Florida Department of Environmental Protection

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

MAY 18 2018

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers and persons submitting the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

Permitting & Compliance Assistance Program For the reporting period January 1, 2017 through December 31, 2017

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)

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Flagler Construction Equipment 2. Telephone No. 813-630-0077
Site Address: 8418 Palm River Rd., Tampa, FL 33619
3. EPA ID No. FLR000088518

☐ Check box if any of the above items (1-3) have changed since your last registration.4. Name of person preparing report (please print) Lisa AlburyTitle: Director Compliance, Safety & Training Phone number (if different from #2, above) 407-850-9614

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

Automotive	Industrial	Mixed	Total
0	9850	0	9850
0	0	0	0
			965
			10815

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

In State	Out of State
10647	
10647	
1168	

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓
---	--------------------------------

1. Number of filters on hand from previous year	300	
2. Number of used oil filters collected	10,300	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	10,600	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	9850	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	0	
d. TOTAL	9850	
5. End of year, on hand estimate (Line 3 minus Line 4d)	750	
6. Gallons of used oil collected as a result of filter processing	344	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	10647	
8. Volume of oily waste collected and managed as a result of filter processing <input checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	344	

9. Description of oily waste management Oily pads and rags sent to Safety Kleen facility to recycled.

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 55- 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, land filled after appropriate testing, etc.).

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

10/30/18 Josh B.

 PENN JERSEY MACHINERY		Flagler CE Holdings, LLC Safety Management System	Doc No: HAZCOM
			Initial Issue Date: 11/08/2017
			Revision Date: Initial Version
			Revision No. 0
			Next Review Date: 12/31/2018
HAZARD COMMUNICATION – (HAZCOM)			
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety	Page: Page 2 of 6

- Ensuring that all containers are labeled, tagged or marked properly.
- Providing new-hire and annual training for employees.
- Maintaining training records.
- Identifying hazardous chemicals used in nonroutine tasks and assessing their risks.
- Informing outside contractors who are performing work on FLAGLER CE HOLDINGS, LLC property about potential hazards.
- Reviewing the effectiveness of the hazard communication program and making sure that the program satisfies the requirements of all applicable federal, state or local hazard communication requirements.

Employees

- Employees are responsible for following the requirements in the Hazard Communication Program.
- Any employee who transfers any material from one container to another is responsible for labeling the new container with all required information.
- All employees are responsible for learning the requirements of this section and for applying them to their daily work routine.
- Identifying hazards before starting a job.
- Reading container labels and SDSs.
- Notifying the supervisor of torn, damaged or illegible labels or of unlabeled containers.
- Using controls and/or personal protective equipment provided by the Flagler CE Holdings, LLC to minimize exposure.
- Following Flagler CE Holdings, LLC instructions and warnings pertaining to chemical handling and usage.
- Properly caring for personal protective equipment, including proper use, routine care and cleaning, storage and replacement.
- Knowing and understanding the consequences associated with not following FLAGLER CE HOLDINGS, LLC policy concerning the safe handling and use of chemicals.
- Participating in FLAGLER CE HOLDINGS, LLC training.

Procedure

List of Hazardous Chemicals


An inventory/list of hazardous chemicals is maintained. An inventory of all hazardous chemicals used by FLAGLER CE HOLDINGS, LLC should be maintained. Each chemical on the list should have the same name as shown on its corresponding Safety Data Sheet (SDS).

The Hazardous Chemical List is updated as necessary and at least annually by the Safety Director or their designee. The Hazardous Chemical List must be available for review upon request.

Safety Data Sheets (SDS)

Safety Data Sheets (SDS) are obtained for all hazardous chemicals. Chemical manufacturers are responsible for developing SDSs. FLAGLER CE HOLDINGS, LLC shall have a SDS for each chemical used.

The purchasing of any potentially hazardous chemical products from a supplier that does not provide an appropriate Safety Data Sheet in a timely fashion is prohibited.

 FLAGLER PENN JERSEY CONSTRUCTION EQUIPMENT MACHINERY		Flagler CE Holdings, LLC Safety Management System		Doc No:	HAZCOM
HAZARD COMMUNICATION – (HAZCOM)				Initial Issue Date	11/08/2017
				Revision Date:	Initial Version
				Revision No.	0
				Next Review Date:	12/31/2018
Preparation: Safety Director	Authority: Vice President Product Support	Issuing Dept: Safety		Page:	Page 3 of 6

Safety Data Sheets (SDS) are readily available to employees. SDSs shall be maintained and readily accessible in each work area. SDSs can be maintained at the primary work site. However, they should be available in case of an emergency. SDS must be made available, upon request, to employees, their designated representatives, the Assistant Secretary and the Director.

The Safety Data Sheet must be kept in the SDS library for as long as the chemical is used by the facility.

Electronic access (telephone, fax, internet, etc.) may be used to acquire and maintain SDS libraries and archives.

The Manager is responsible for seeing that the Chemical Inventory List inventory is maintained, is current and is complete. He/she will review Chemical Inventory List at least annually. When a hazardous material has been permanently removed from the work place, its SDS is to be removed from the Chemical Inventory List.

SDS' for hazardous materials to which FLAGLER CE HOLDINGS, LLC employees have been exposed must be maintained after the employee leaves the employment of FLAGLER CE HOLDINGS, LLC.

Methods to be used to Inform Employees of the Hazards of Non-Routine Tasks

The methods that FLAGLER CE HOLDINGS, LLC will use to inform employees of the hazards of non-routine tasks (i.e., the cleaning of reactor vessels, etc.) and the hazards associated with chemicals contained in unlabeled pipes in their work areas include:

- Conducting a Job Hazard Assessment (JSA).
- Employees will be advised of methods and special precautions, PPE and the hazards associated with chemicals and the hazards associated with chemicals contained in unlabeled pipes in their work areas.
- In the unlikely event that such tasks are required, the supervisor, or designee, will provide a SDS for the involved chemical.

The Use and Care of Labels and Other Forms of Warning

Containers of hazardous chemicals are labeled. Container labels should contain the following information:


- Product identifier
- Signal word
- Hazard statement
- Pictogram(s)
- Precautionary statement(s), and
- Name, address and telephone number of the chemical manufacturer, importer or other responsible party.

The Manager will ensure that all hazardous chemicals used or stored in the facility are properly labeled.

Damaged labels or labels with incomplete information shall be reported immediately.

Workplace labels or other forms of warning will be legible, in English and prominently displayed on the container or readily available in the work area throughout each work shift.

If employees speak languages other than English, the information in the other language(s) may be added to the material presented as long as the information is presented in English as well.

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FLAGLER CE HOLDINGS, LLC will use the GHS labeling system for secondary containers.


Portable containers into which hazardous chemicals are transferred from labeled containers and that are intended for the immediate use of the employee who performs the transfer do not require a label.

If the portable container will be used by more than one employee or used over the course of more than one shift, the container must be labeled.


Received from vendors that are not properly labeled must be rejected.

Pictograms and Hazards

Health Hazard  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	Flame  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	Exclamation Mark  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none"> • Gases Under Pressure 	Corrosion  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	Exploding Bomb  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none"> • Oxidizers 	Environment (Non-Mandatory)  <ul style="list-style-type: none"> • Aquatic Toxicity 	Skull and Crossbones  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

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Example Label

HS85 Batch number: 85L6543  Warning Harmful if swallowed Wash hands and face thoroughly after handling. Do not eat, drink or smoke when using this product. Dispose of contents/container in accordance with local, state and federal regulations. First aid: If swallowed: Call a doctor if you feel unwell. Rinse mouth. <small>GHS Example Company, 123 Global Circle, Anyville, NY 130XX Tel: phone (888) 888-8888</small>

Multi-Employer Job Sites and/or Multi Work Site

Chemical information is provided to employees on multiple worksites or multiple employer worksites.

The following specific methods for providing other employer information concerning hazardous chemicals at job sites, methods of providing SDS sheets, methods of precautionary measures to be taken and methods of providing information on labeling systems:

Multi-Work Sites

Where employees must travel between work places during a work shift (multiple job sites), the written program may be kept at a primary job site. If there is no primary, then the program should be sent with employees.


Multi-Employer Job Sites

A pre-job briefing shall be conducted with the contractor prior to the initiation of work on the site.

- During this pre-job briefing, contractors shall notify FLAGLER CE HOLDINGS, LLC and present current copies of Safety Data Sheets and label information for every hazardous chemical brought on-site.
- FLAGLER CE HOLDINGS, LLC shall notify and provide required SDS and label information for all hazardous chemicals the contractor may encounter on the job.
- The facilities labeling system and any precautionary measures to be taken by contractor during normal conditions and emergencies shall be addressed.
- By providing such information to other employers, FLAGLER CE HOLDINGS, LLC does not assume any obligations that other employers have for the safety of their employees.

Training

Employees are provided with information and training on the hazardous chemicals they may be exposed to. Employees shall be provided with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees have not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g., flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and safety data sheets.

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Additional training will be provided whenever a new chemical hazard is introduced into the work area. To reinforce the importance of handling chemicals properly when performing new or non-routine tasks supervisors will conduct supplementary training as needed.

Formal training will be conducted by facility employees or individuals who are knowledgeable in the Hazard Communication program.

The Hazard Communication Program documented training shall, as a minimum, include:

- Requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200 (General Industry) or 29 CFR 1926.59 (Construction Industry).
- Operations in the work area where hazardous chemicals are present
- Location and availability of the hazard communication program, chemical inventory list and SDSs.
- Methods and observations used to detect the presence or release of a hazardous chemical in the work area, such as monitoring devices, visual appearance or odor of hazardous chemicals when being released.
- Explanation of the labels received on shipped containers.
- Explanation of the workplace labeling system.
- Explanation of the SDS, including order of information and how employees can obtain and use the appropriate hazard information.

The Manager shall ensure records of employee training are maintained.

Implementation Requirement

Per OSHA Requirements

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers
June 1, 2015*	Compliance with all modified provisions of this final rule, except:	Chemical manufacturers, importers, distributors and employers
December 1, 2015	The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers
Transition Period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), or the current standard, or both	Chemical manufacturers, importers, distributors, and employers

John M

R. J. L.

Frank B

~~John M~~

Robert A. Knaf

~~John M~~

John

John

Chris R.

N.C.

~~John M~~

Sammy

Andrew M.

Deborah

John

E. L.


Bobby & H.

Walter G.

John R.

John

Jonathan
10/30/18

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Purpose

The purpose of this program is to ensure the safe use of hazardous chemical substances and to comply with the requirements of OSHA HCS 2012.

Introduction

In 2012, OSHA revised the Hazard Communication Standard (HCS) to align with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). As a result, this Hazard Communication Program (HCP) has been revised to comply with the requirements of the OSHA HCS 2012.

It spells out how FLAGLER CE HOLDINGS, LLC will inventory chemicals stored and used, obtain and use Safety Data Sheets, maintain labels on chemical substances and train employees about the hazards of chemicals they are likely to encounter on the job.

Preparation of this program indicates our continuing commitment to safety among our employees in all of our locations.

- Each facility is expected to follow this program and maintain its work areas in accordance with these requirements.
- Employees, their designated representatives, and government officials must be provided copies of this program upon request.
- In addition to the program, other information required as part of our hazard communication effort is available to workers upon request.
- Asking to see this information is an employee's right.
- Using this information is part of our shared commitment to a safe, healthy workplace.

Scope

This program is applicable to all FLAGLER CE HOLDINGS, LLC employees who may be exposed to hazardous chemical substances. When work is performed on a non-owned or operated site, the operator's program shall take precedence, however, this document covers FLAGLER CE HOLDINGS, LLC employees and contractors and shall be used on owned premises, or when an operator's program doesn't exist or is less stringent.

Responsibilities

FLAGLER CE HOLDINGS, LLC has a written Hazard Communication program. A written hazard communication program shall be developed, implemented, and maintained at each workplace that describes how labels and other forms of warning, safety data sheets, and employee information will be met.

Safety Director or Designee

The Safety Director, or designee, is responsible for administering the hazard communication program. This person is also responsible for:

- Reviewing the potential hazards and safe use of chemicals.
- Maintaining a list of all hazardous chemicals and a master file of SDS's.

Andrew MCD

Joe Fede
Rya

for lead

Dir Mural

Jim

E. L.

Baldy & H

William Sam

from Sam

KL

JD

Chris

Frank

Mark

Robert A. King

John

Chris

MA

Flaming



Welcome, Kim Thursby. You are logged on with a role of CHAZ_USER. [\[Sign Out\]](#)

[\[Pending List\]](#)

[\[Pending List - this DocLog\]](#) [\[Edit DocLog\]](#) [\[Document Checkout\]](#)

Pending Document Details

NATIVE NAME: FLAGLER CONSTRUCTION EQUIPMENT

DOC LOG ID: 40170

CHAZ ID: FLR000088518

CITY: TAMPA

COUNTY: HILLSBOROUGH

[View email records](#)

[HWG Email Template](#) [Notification Approvals](#) [RUOH Email Template](#) [RUOH Approvals](#)

Document Types

Document Type

HWG
RUOH

Primary Type

Y
N

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
458002	HWR	wtrautman@flaglerce.com	FLR000088518	Flagler Construction Equipment
479104	UOP	jwilson@flaglerce.com	FLR000088518	Flagler Construction Equipment

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	04/17/2018	SIMMONS_JLS	
HWG	Completeness Review	04/20/2018	NOLAND_T	
HWG	Ready for Data Entry	04/20/2018	NOLAND_T	
RUOH	Logged	04/17/2018	SIMMONS_JLS	
RUOH	Completeness Review	04/19/2018	ASHWOOD_J	
RUOH	Waiting for information	04/24/2018	ASHWOOD_J	
RUOH	Ready for Data Entry	07/30/2018	ASHWOOD_J	
RUOH	Data Entry Completed	07/30/2018	SIMMONS_JLS	
RUOH	Final Review	07/30/2018	ASHWOOD_J	
RUOH	Notification Letter Emailed	07/30/2018	ASHWOOD_J	
RUOH	Booked into Oculus	07/31/2018	THURSBY_K	

Add A New Process

Document Type	Process	Date	
Hazardous Waste Generator (HWG) ▼	Data Entry Completed ▼	07/31/2018	Add Process

Comments

Document Type	Date	Comment	Author
General Comment	04/17/2018	Notification has an original signature.	SIMMONS_JLS
RUOH	04/22/2018	Received original 8700 form, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	04/24/2018	Insurance form on file is current until 5/1/18.	ASHWOOD_J
RUOH	04/24/2018	Email sent to Lisa Albury: In reviewing your submittal, we noticed additional information is needed. Your Insurance will expire on May 1, 2018. UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need you to submit two separate Insurance forms. Please submit the following by Tuesday, May 15, 2018 to continue processing your UO registration (see attached blank forms for your convenience): Registration fee of \$100 made payable to Florida Department of Environmental Protection via check or money order, Updated Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability after May 1st and 2017 Revised Annual Report. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) with original (wet) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any further questions.	ASHWOOD_J
RUOH	05/22/2018	Received registration fee and revised Annual Report.	ASHWOOD_J
RUOH	06/21/2018	Email sent to Lisa Albury: We are still waiting for the updated Combined HWT/UO Certificate of Liability Insurance form for the automobile and pollution liability. Let me know if you have any questions.	ASHWOOD_J
RUOH	07/25/2018	Email sent to Lisa Albury: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match Insurance form on file (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need you to submit two separate Insurance forms. Please submit the following by Wednesday, August 8, 2018 to continue processing your UO registration (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) with original (wet) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any further questions.	ASHWOOD_J
RUOH	07/30/2018	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

Add A New Comment

Document Type	Comments	
Hazardous Waste Generator (HWG) ▼		Add Comment



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

08/28/2017

Wes Trautman, Svc Mgr
Flagler Construction Equipment
8418 Palm River Rd
Tampa, FL 33619-4314

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 **8418 Palm River Rd, Tampa , FL 33619-4314**

FLR000088518

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

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 06/30/2018).**

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:

<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=FLR000088518.

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

Glen.Perrigan@dep.state.fl.us .

Sincerely,

A handwritten signature in black ink that reads "Glen K. Perrigan" with "for" written below it.

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 23248 , Email Address: wtrautman@flaglerce.com



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

Date Received
(for FDEP Official Use Only)
AUG 10 2017
PF 11.00 COMPLIANCE

EPA ID: FL R0000088518

Please use the instructions document to complete this form

1. Reason for
Submittal

(all submitters must
complete pages 1 and 2
and sign page 5.)

Pages 3 and 4, - com-
plete as applicable)

Mark 'X' in
the correct box:
(must choose one
if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities)
☒ 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)

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

2. Facility or
Business Name

Flagler Construction Equipment

3. Facility
Operator

(List additional opera-
tors in the comments
section)

Name of Operator:

Flagler Construction Equipment

Date became Operator: 11/10/2014

Street or P.O. Box:

9601 Boggy Creek Road

Phone Number:

(813)630-0077

City or Town:

Orlando

State:

FL

Zip Code:

32824

Country (if not USA)

Operator Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

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

Physical Street Address:

8418 Palm River Road

☐ Vessel

City or Town:

Tampa

State:

FL

Zip Code:

33619

☐ Same address as
#3 above or:

County:

Hillsborough

Country (if not USA):

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

A. 18111310 (required)

B.

C.

D.

6. Facility or
Business
Mailing Address

☒ Same address as #__ above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA)

7. Facility or
Business
RCRA
Contact Person

First Name:

Wes

Last Name:

Trautman

Title:

Service Manager

Phone Number:

(813)630-0077

Extension:

4741

E-Mail:

wtrautman@flaglerce.com

Fax:

(813)630-2233

Street or P.O. Box:

☒ Same address as
#4 above or:

City or Town:

State:

Zip Code:

Country (if not USA)

8. Real Property
(FL Land) Owner
of the Facility's
Physical Location
(List additional
owners in the com-
ments section)

Name of Owner:

Store Master Funding IV, LLC

Date became Owner: / /

☐ New Owner mm dd yy

Street or P.O. Box:

8501 E. Princess Dr. Ste. 190

Phone Number:

(480)256-1190

City or Town:

Scottsdale

State:

AZ

Zip Code:

85255

Country (if not USA)

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**

☐ Yes ☒ No (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 non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)
- ☐ 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)
- ☐ 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
- 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 Order (HSWA, etc.)
- (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**
☐ 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**
Choose 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, K019, P012, U112).
Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) 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 Default

☐ (D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	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' 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. 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])

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 at any one time by for-hire handler
- ☐ Mercury-Containing Lamps LQH = 2,000 kg (4,400 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)]

Hazardous Waste and Used Oil Transporter RegistrationsEPA ID No. **FLR000088518****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.

This form is: ☐ 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 _____

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 (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 (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)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

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

- ☒ a. Transporter
☒ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, 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:

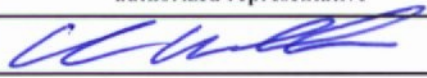
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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):

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)
	Kevin Walden, V.P. Product Support	<input checked="" type="checkbox"/>	07-31-2017
		<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:

Lisa Albury (407)965-5945 lalbury@flaglercc.com
(Name of person completing this form) (Phone Number) (E-mail Address)

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

CUSTOMER# FL15674 Flagler Equipment 76290411-1801141147
 8418 Palm River Rd SRVC WEEK: 2018-13
 Tampa FL 33619-4314 SRVC DATE: 03/30/18
 PHONE 813-630-0077
 BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
3383 DRUM, 55 GAL FOR O.F.	4.000	8.5200	0.00		34.08
SERVICE TERM 1 WEEK					
83383 DRUM, 55 WASTE O.F.	4.000	69.2300	0.00		276.92
SERVICE TERM 1 WEEK					
100001 FEE, FUEL SURCHARGE	1.000	12.8100	0.00		12.81
3230 TAX HANDLING N/C DRUM DROP 30	4.000	0.0000	0.00		0.00
TOTAL SERVICE/PRODUCTS		90.5600	0.00		323.81
		TOTAL CHARGE		323.81	
		CREDITS		0.00	
		TOTAL DUE		323.81	

UNPAID BALANCE THIS RECEIPT

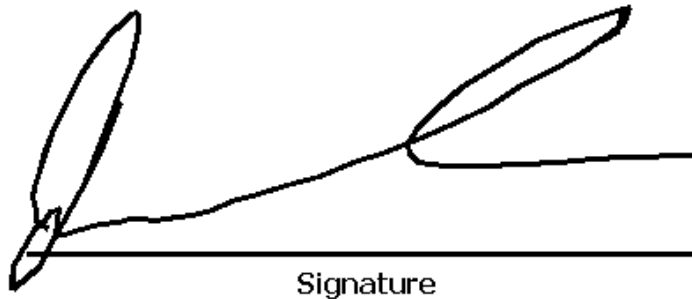
323.81

GENERATOR STATUS

0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such

introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen)



Signature

CUSTOMER / GENERATOR: j

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment 76290411-1801141147
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 224895421
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

DRAINED USED OIL FILTERS
(NOT USDOT OR USEPA REGULATED)

FEDERAL WASTE CODES NONE
STATE WASTE CODES

TOTAL CONT	4	TYPE DM	WT/VOL P	SKDOT	1476	
CNT#:	180303001723	SZ: 55 GAL/205 L	CONTAINERS	QTY: 150	PROF# 150167	
CNT#:	180323360360	SZ: 55 GAL/205 L	CONTAINERS	QTY: 150	PROF# 150167	
CNT#:	180323360359	SZ: 55 GAL/205 L	CONTAINERS	QTY: 150	PROF# 150167	
CNT#:	180323360358	SZ: 55 GAL/205 L	CONTAINERS	QTY: 150	PROF# 150167	

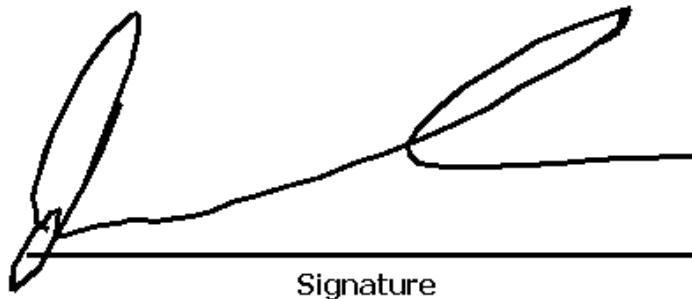
DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS INC
5309 24TH AVE SOUTH
TAMPA, FL 33619
TSD PHONE: 813-626-1203

FACILITY USEPA ID NO FLD980847271
FACILITY STATE ID NO

GENERATOR STATUS
0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or

trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen)



Signature

CUSTOMER / GENERATOR: j

LAST PAGE

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

CUSTOMER# FL15674 Flagler Equipment 77130207-1802953246
 8418 Palm River Rd SRVC WEEK: 2018-27
 Tampa FL 33619-4314 SRVC DATE: 07/02/18
 PHONE 813-630-0077
 BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
3383 DRUM, 55 GAL FOR O.F. SERVICE TERM 1 WEEK	3.000	8.5200	0.00		25.56
83383 DRUM, 55 WASTE O.F. SERVICE TERM 1 WEEK	1.000	69.2300	0.00		69.23
30150 MDL 30 WITH PRM SOLVENT S/N 15906127 TAG 00001140SK15906127 CLEAN 15.00 SPENT 14.000 SERVICE TERM 8 WEEK SCANNED YES	1.000	145.3200	10.17		155.49
30150 MDL 30 WITH PRM SOLVENT S/N 16016123 TAG 00001140SK16016123 CLEAN 15.00 SPENT 14.000 SERVICE TERM 8 WEEK SCANNED YES	1.000	145.3200	10.17		155.49
100030 RECOVERY FEE	1.000	23.1300	1.62		24.75
3230 TAX HANDLING N/C DRUM DROP 30	3.000	0.0000	0.00		0.00
TOTAL SERVICE/PRODUCTS		391.5200	21.96		430.52
		TOTAL CHARGE		430.52	
		CREDITS		0.00	
		TOTAL DUE		430.52	

UNPAID BALANCE THIS RECEIPT

430.52

Machine clean and good condition? Yes
 Lamp Assembly Condition Yes
 Decals in place and legible? Yes
 Fusible link installed? Yes
 Emergency closing of lid unobstructed? Yes
 Machine properly grounded? Yes
 Local Phone No. Sticker Affixed to Machine Yes
 Spent solvent meets acceptance criteria? Yes

GENERATOR STATUS
 0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated

herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen) A variable recovery fee that fluctuates with the DOE national average diesel price may be applied to your invoice. For more information regarding our recovery fee calculation please go to <http://safety-kleen.com/customer-service/environmental-fees/recovery-fees>. Please note e-manifest fees applicable to this order may not be included in the total above and will be included in the final invoice or credit card statement. RECEIPT ONLY - THIS IS NOT AN INVOICE

A handwritten signature in black ink, featuring a stylized 'F' or '7' followed by a cursive 'Bel' and a trailing flourish.

Signature

CUSTOMER / GENERATOR: j

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 225709029
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

77130207-1802953246

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

DRAINED USED OIL FILTERS
(NOT USDOT OR USEPA REGULATED)

FEDERAL WASTE CODES NONE

STATE WASTE CODES

TOTAL CONT 3 TYPE DM WT/VOL P SKDOT 1476

CNT#:	180628276517	SZ:	55	GAL/205	L	CONTAINERS	QTY:	150	PROF#	150167
CNT#:	180609932270	SZ:	55	GAL/205	L	CONTAINERS	QTY:	150	PROF#	150167
CNT#:	180609932271	SZ:	55	GAL/205	L	CONTAINERS	QTY:	150	PROF#	150167

USED CLEANING COMPOUNDS (PETROLEUM

NAPHTHA) (NOT USDOT OR USEPA REGULATED)

FEDERAL WASTE CODES NONE

STATE WASTE CODES

TOTAL CONT 2 TYPE DM WT/VOL G SKDOT 557

CNT#:	180609932268	SZ:	30	GAL/114	L	CONTAINERS	QTY:	14	PROF#	150012
CNT#:	180609932269	SZ:	30	GAL/114	L	CONTAINERS	QTY:	14	PROF#	150012

DESIGNATED FACILITY NAME/ADDRESS:

SAFETY-KLEEN SYSTEMS INC
5309 24TH AVE SOUTH
TAMPA, FL 33619
TSD PHONE: 813-626-1203

FACILITY USEPA ID NO FLD980847271

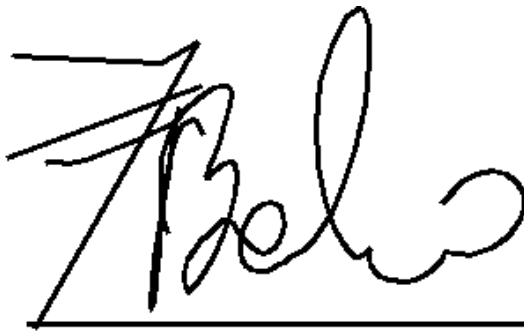
FACILITY STATE ID NO

GENERATOR STATUS

0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls

(PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen) A variable recovery fee that fluctuates with the DOE national average diesel price may be applied to your invoice. For more information regarding our recovery fee calculation please go to <http://safety-kleen.com/customer-service/environmental-fees/recovery-fees>. Please note e-manifest fees applicable to this order may not be included in the total above and will be included in the final invoice or credit card statement. RECEIPT ONLY - THIS IS NOT AN INVOICE

A handwritten signature in black ink, appearing to be 'J. Belch', written over a horizontal line.

Signature

CUSTOMER / GENERATOR: j

LAST PAGE

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

REFERENCE NBR.

CUSTOMER# FL15674 Flagler Equipment 78302529-1805450160
 8418 Palm River Rd SRVC WEEK: 2018-44
 Tampa FL 33619-4314 SRVC DATE: 10/31/18
 PHONE 813-630-0077

BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
3383 DRUM, 55 GAL FOR O.F. SERVICE TERM 1 WEEK	4.000	0.0000	0.00	0.00	0.00
CAUSE CODE VoidHeaderAndLine -SERVICE NOT NEEDED					
8003369 DRUM, 55 GL BLACK STEEL O SERVICE TERM 8 WEEK	4.000	85.0000	23.80		363.80
1272482/ 875467 CNO-NON HAZARDOUS SOLID B SERVICE TERM 12 WEEK	2.000	285.0000	0.00		570.00
100030 RECOVERY FEE	1.000	63.7000	4.46		68.16

TOTAL SERVICE/PRODUCTS		433.7000	28.26		1001.96
TOTAL CHARGE					1001.96
CREDITS					0.00
TOTAL DUE					1001.96
					=====

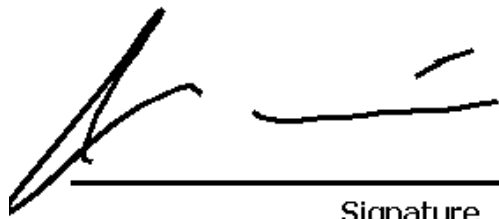
UNPAID BALANCE THIS RECEIPT

1001.96

GENERATOR STATUS
 0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer

agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR 262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen) A variable recovery fee that fluctuates with the DOE national average diesel price may be applied to your invoice. For more information regarding our recovery fee calculation please go to <http://safety-kleen.com/customer-service/environmental-fees/recovery-fees>. Please note e-manifest fees applicable to this order may not be included in the total above and will be included in the final invoice or credit card statement. RECEIPT ONLY - THIS IS NOT AN INVOICE



Signature

CUSTOMER / GENERATOR: john

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment 78302529-1805450160
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 226876416
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

NONE, NON D.O.T. REGULATED, (ABSORBENT
S CONTAMINATED WITH OIL), N/A
FEDERAL WASTE CODES NONE
STATE WASTE CODES

TOTAL CONT 2	TYPE DM	WT/VOL P	SKDOT	7856497		
CNT#: 181025527945	SZ: 55	GAL/205	L CONTAINERS	QTY: 150	PROF# 1272482	
CNT#: 181025527946	SZ: 55	GAL/205	L CONTAINERS	QTY: 150	PROF# 1272482	

DESIGNATED FACILITY NAME/ADDRESS:
CLEAN HARBORS FLORIDA LLC
7001 KILO AVENUE
BARTOW FL 33830
TSD PHONE: 863-533-6111

FACILITY USEPA ID NO FLD980729610
FACILITY STATE ID NO 9120019999

GENERATOR STATUS
0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Customer agrees that it is responsible for properly classifying its waste streams as Used Oil or Nonhazardous Waste in accordance with the provision of 40 CFR

262.11 and applicable state laws. Customer agrees that it will not introduce any non-conforming substance into the SK Property, including, without limitation, any hazardous waste or hazardous waste constituent, (i.e., polychlorinated biphenyls ("PCBs"), herbicides, pesticides, dioxins, or listed hazardous wastes) except to the extent such introduction is incidental to the normal use of the SK Property. In the event of the introduction of such non-conforming hazardous waste, Customer agrees that it will be responsible for all costs and remediation expenses related to or arising from the proper management and disposal of the non-conforming waste, including the cost of equipment decontamination and subsequent disposal. Final invoicing will be based on the actual services provided, which may include additional charges for off specification waste and surcharges. Final invoice amount may be more than the amount listed on the printed receipt. If any legal action is commenced because of an alleged dispute, breach, default or misrepresentation, the Customer also agrees that the prevailing party will be entitled to recover reasonable attorney's fees and costs associated with the non-conforming contamination event. Safety-Kleen's failure to screen Customer's material or take a retain sample, in no way constitutes a waiver of Customer's obligation to properly classify its materials. Safety-Kleen relies on Customer's representations and Customer is responsible for informing Safety-Kleen of any process changes that may alter the characteristics of the materials provided. IN THE EVENT OF AN EMERGENCY CALL **24-HR NUMBER** 1-800-468-1760 (Safety-Kleen) A variable recovery fee that fluctuates with the DOE national average diesel price may be applied to your invoice. For more information regarding our recovery fee calculation please go to <http://safety-kleen.com/customer-service/environmental-fees/recovery-fees>. Please note e-manifest fees applicable to this order may not be included in the total above and will be included in the final invoice or credit card statement. RECEIPT ONLY - THIS IS NOT AN INVOICE



Signature

CUSTOMER / GENERATOR: john

LAST PAGE

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

CUSTOMER# FL15674 Flagler Equipment 78274614-1805393849
 8418 Palm River Rd SRVC WEEK: 2018-46
 Tampa FL 33619-4314 SRVC DATE: 11/16/18
 PHONE 813-630-0077
 BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
66636 USED OIL RECYCLE AUTOMOTI	307.000	0.0000	0.00		0.00
SERVICE TERM 1 WEEK					
HALOGEN / CLOR-D-TECT TEST NOT PERFORMED:					
10256 FEE, OIL SERVICE/STOP NON	1.000	10.0000	0.00		10.00
SERVICE TERM 1 WEEK					
TOTAL SERVICE/PRODUCTS		10.0000	0.00		10.00
TOTAL CHARGE					10.00
CREDITS					0.00
TOTAL DUE					10.00

UNPAID BALANCE THIS RECEIPT

10.00

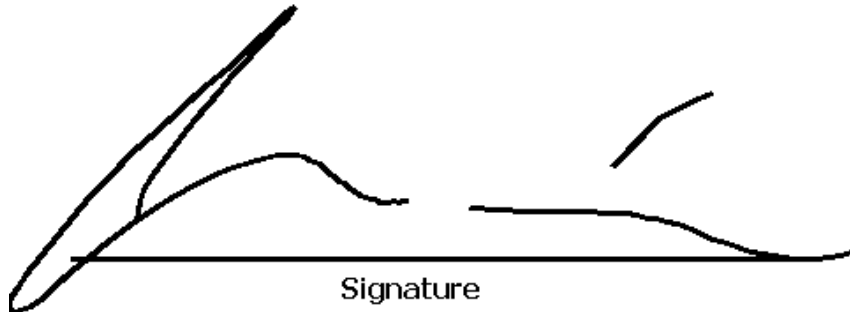
If high risk source, rep. certifies that load specific PCB & Silicon testing have been completed prior to pumping this load.

GENERATOR STATUS

CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to

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Signature

CUSTOMER / GENERATOR: steve

A handwritten signature in black ink, appearing to read "Anthony B. Matthews", is written over a solid black horizontal line. The signature is stylized with cursive lettering.

Signature

TRANSPORTER: Anthony B Matthews

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment 78274614-1805393849
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 226802140
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

USED OIL
(NOT USDOT HAZARDOUS MATERIAL)

FEDERAL WASTE CODES NONE
STATE WASTE CODES

TOTAL CONT 1 TYPE TT WT/VOL G SKDOT 850
CNT#: 181116940057 SZ: BULK VOLUME CONTAINER QTY: 307 PROF# 150105

DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS INC
5309 24TH AVE SOUTH
TAMPA, FL 33619
TSD PHONE: 813-626-1203

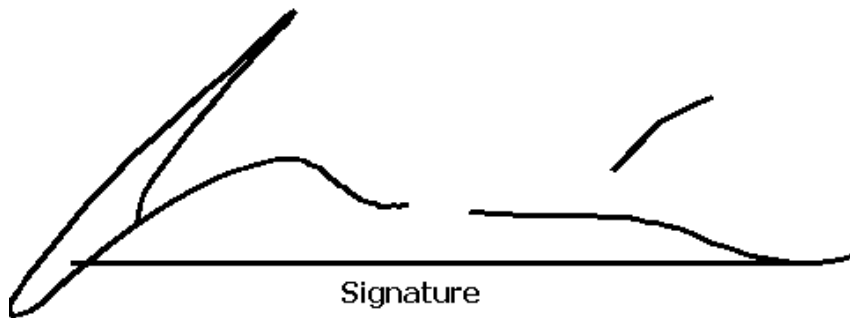
FACILITY USEPA ID NO FLD980847271
FACILITY STATE ID NO

If high risk source, rep. certifies that load specific PCB & Silicon testing have been completed prior to pumping this load.

GENERATOR STATUS
CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or

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A handwritten signature in black ink, consisting of a large, stylized 'S' followed by a horizontal line and a small flourish at the end.

Signature

CUSTOMER / GENERATOR: steve



Signature

TRANSPORTER: Anthony B Matthews

LAST PAGE

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

REFERENCE NBR.

CUSTOMER# FL15674 Flagler Equipment 78538924-1805917749
 8418 Palm River Rd SRVC WEEK: 2018-48
 Tampa FL 33619-4314 SRVC DATE: 12/10/18
 PHONE 813-630-0077

BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
3383 DRUM, 55 GAL FOR O.F. SERVICE TERM 1 WEEK	5.000	9.1200	0.00		45.60
83383 DRUM, 55 WASTE O.F. SERVICE TERM 1 WEEK	5.000	45.0000	0.00		225.00
8003369 DRUM, 55 GL BLACK STEEL O SERVICE TERM 8 WEEK CAUSE CODE VoidHeaderAndLine -SERVICE NOT NEEDED	4.000	0.0000	0.00		0.00
1531030/ 875460 CNO-NON HAZARDOUS SOLID 5 SERVICE TERM 12 WEEK	4.000	263.3800	0.00		1053.52
3300 DRUM 85 GL YELLOW STEEL O	1.000	296.0000	20.72		316.72
100030 RECOVERY FEE	1.000	81.0000	5.67		86.67
3230 TAX HANDLING N/C DRUM DROP 30	5.000	0.0000	0.00		0.00
TOTAL SERVICE/PRODUCTS		694.5000	26.39		1727.51
		TOTAL CHARGE		1727.51	
		CREDITS		0.00	
		TOTAL DUE		1727.51	

UNPAID BALANCE THIS RECEIPT

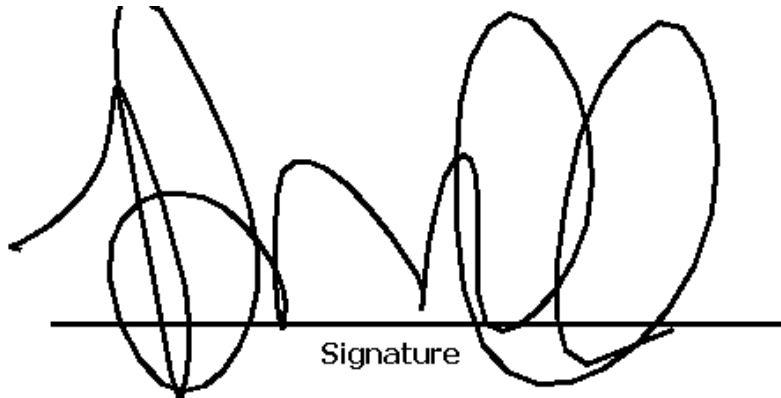
1727.51

GENERATOR STATUS

0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind

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A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, positioned above a solid horizontal line.

Signature

CUSTOMER / GENERATOR: john

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 227039798
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

78538924-1805917749

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

DRAINED USED OIL FILTERS
(NOT USDOT OR USEPA REGULATED)

FEDERAL WASTE CODES NONE
STATE WASTE CODES

TOTAL CONT	5	TYPE DM	WT/VOL P	SKDOT	1476	
CNT#:	181119012997	SZ: 55 GAL/205 L	CONTAINERS	QTY: 100	PROF# 150167	
CNT#:	181119012998	SZ: 55 GAL/205 L	CONTAINERS	QTY: 100	PROF# 150167	
CNT#:	181119024045	SZ: 55 GAL/205 L	CONTAINERS	QTY: 100	PROF# 150167	
CNT#:	181119024046	SZ: 55 GAL/205 L	CONTAINERS	QTY: 100	PROF# 150167	
CNT#:	181119024047	SZ: 55 GAL/205 L	CONTAINERS	QTY: 100	PROF# 150167	

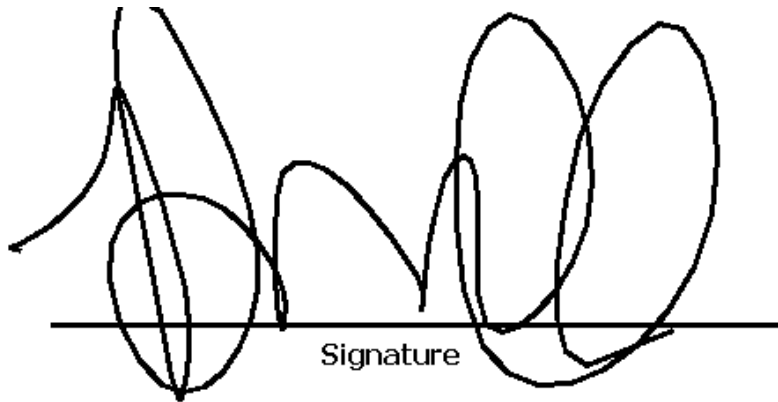
DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS INC
5309 24TH AVE SOUTH
TAMPA, FL 33619
TSD PHONE: 813-626-1203

FACILITY USEPA ID NO FLD980847271
FACILITY STATE ID NO

GENERATOR STATUS
0-220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material, and (iii) the above referenced Generator Status is correct. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. If Customer fails to make payment when due, an amount equal to the lesser of (i) 1.5% per month (18% per annum) or (ii) the maximum amount allowed by law, will be added to all unpaid amounts outstanding. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. Customer acknowledges that it is responsible for maintaining its Generator Status and obtaining an EPA ID number if required by applicable law. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still

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A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, positioned above a solid horizontal line.

Signature

CUSTOMER / GENERATOR: john

SHIPPING DOCUMENT

REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment 78538924-1805917749
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077
GENERATOR USEPA ID. CESQG GENERATOR STATE 9120019999
MANIFEST#: FORM CD: NR SHIP# 227208506
TRANSPORTER 1 TXR000081205
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

NONE, NON D.O.T. REGULATED, (OIL, DIRT
AND SAND), N/A

FEDERAL WASTE CODES NONE

STATE WASTE CODES

TOTAL CONT	4	TYPE	DM	WT/VOL	P	SKDOT	8016233		
CNT#:	181119024061	SZ:	55	GAL/205	L	CONTAINERS	QTY:	250	PROF# 1531030
CNT#:	181119024060	SZ:	55	GAL/205	L	CONTAINERS	QTY:	250	PROF# 1531030
CNT#:	181119024062	SZ:	55	GAL/205	L	CONTAINERS	QTY:	250	PROF# 1531030
CNT#:	181119024059	SZ:	55	GAL/205	L	CONTAINERS	QTY:	250	PROF# 1531030

DESIGNATED FACILITY NAME/ADDRESS:

CLEAN HARBORS FLORIDA LLC
7001 KILO AVENUE
BARTOW FL 33830
TSD PHONE: 863-533-6111

FACILITY USEPA ID NO FLD980729610

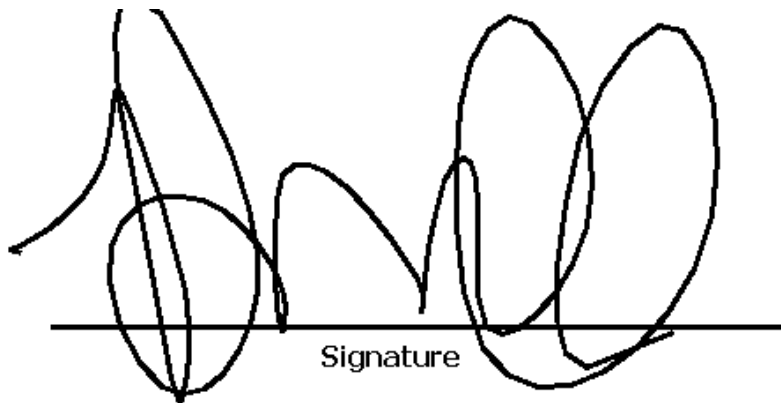
FACILITY STATE ID NO 9120019999

GENERATOR STATUS

0-220 lbs/month

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A handwritten signature in black ink, consisting of several large, overlapping loops and curves, positioned above a horizontal line.

Signature

CUSTOMER / GENERATOR: john

LAST PAGE

Safety-Kleen Systems, Inc.

2600 N Central Expy, Suite 200
 Richardson, TX 75080
 CORPORATE: 800-669-5740
 24 HR EMERGENCY: 800-468-1760 (Safety-Kleen)
 8136261203

CUSTOMER# FL15674 Flagler Equipment 78583634-1806006528
 8418 Palm River Rd SRVC WEEK: 2018-51
 Tampa FL 33619-4314 SRVC DATE: 12/20/18
 PHONE 813-630-0077
 BILL TO CUSTOMER# BILL TO ADDRESS:
 FL19573 Flagler Holdings
 9601 Boggy Creek Road
 Orlando FL 32824-0000
 PHONE 407-922-2993

PURCHASE ORDER#

TAX EXEMPT#

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	CHARGE	TOTAL
3383 DRUM,55 GAL FOR O.F.	4.000	0.0000	0.00	0.00	0.00
SERVICE TERM 1 WEEK					
CAUSE CODE VoidHeaderAndLine -SERVICE NOT NEEDED					
83383 DRUM,55 WASTE O.F.	1.000	0.0000	0.00	0.00	0.00
SERVICE TERM 1 WEEK					
CAUSE CODE VoidHeaderAndLine -SERVICE NOT NEEDED					
30150 MDL 30 WITH PRM SOLVENT	1.000	156.2200	10.94	167.16	
S/N 15906127 TAG 00001140SK15906127 CLEAN 15.00 SPENT 14.000					
SERVICE TERM 8 WEEK SCANNED YES					
30150 MDL 30 WITH PRM SOLVENT	1.000	156.2200	10.94	167.16	
S/N 16016123 TAG 00001140SK16016123 CLEAN 15.00 SPENT 14.000					
SERVICE TERM 8 WEEK SCANNED YES					
100030 RECOVERY FEE	1.000	21.8700	1.53	23.40	

TOTAL SERVICE/PRODUCTS		334.3100	23.41	357.72	
TOTAL CHARGE					357.72
CREDITS					0.00

TOTAL DUE					357.72
				=====	

UNPAID BALANCE THIS RECEIPT

357.72

Machine clean and good condition? Yes
 Lamp Assembly Condition Yes
 Decals in place and legible? Yes
 Fusible link installed? Yes
 Emergency closing of lid unobstructed? Yes
 Machine properly grounded? Yes
 Local Phone No. Sticker Affixed to Machine Yes
 Spent solvent meets acceptance criteria? Yes

GENERATOR STATUS
 0-220 lbs/month

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A stylized, cursive handwritten signature in black ink, featuring a large initial 'M' and a series of loops and flourishes.

Signature

CUSTOMER / GENERATOR: nathan

A stylized, cursive handwritten signature in black ink, featuring a large initial 'J' and a series of loops and flourishes.

Signature

TRANSPORTER: Joseph D Davis

SHIPPING DOCUMENT

IN THE EVENT OF AN EMERGENCY CALL **24-Hr-Number** 1-800-468-1760 (Safety-Kleen)
REFERENCE NBR.

CUSTOMER#/GENERATOR: FL15674 Flagler Equipment 78583634-1806006528
8418 Palm River Rd
Tampa FL 33619-4314
PHONE 813-630-0077

GENERATOR USEPA ID. CESQG GENERATOR STATE
MANIFEST#: FORM CD: NR SHIP# 227082514
TRANSPORTER 1 TXR000081205 SAFETY-KLEEN SYSTEMS INC
TRANSPORTER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

USED CLEANING COMPOUNDS (PETROLEUM
NAPHTHA) (NOT USDOT OR USEPA REGULATED)
FEDERAL WASTE CODES NONE
STATE WASTE CODES

TOTAL CONT 2	TYPE DM	WT/VOL G	SKDOT 557		
CNT#: 181124104740	SZ: 30 GAL/114 L	CONTAINERS	QTY: 14	PROF# 150012	
CNT#: 181124104741	SZ: 30 GAL/114 L	CONTAINERS	QTY: 14	PROF# 150012	

DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS INC
5309 24TH AVE SOUTH
TAMPA, FL 33619
TSD PHONE: 813-626-1203

FACILITY USEPA ID NO FLD980847271
FACILITY STATE ID NO

GENERATOR STATUS
0-220 lbs/month



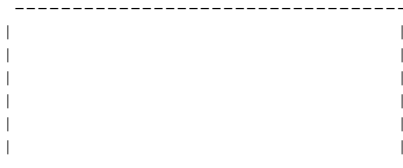
Signature

CUSTOMER / GENERATOR: nathan

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a smaller 'D' and a final flourish.

Signature

TRANSPORTER: Joseph D Davis



TRANSPORTER 2:

LAST PAGE