



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

08/20/2019
Richard Cunningham, Bldg Ops Mgr
Univar USA Inc
155 Ellis Rd S
Jacksonville, FL 32254-3546

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 **Univar USA Inc** located at **155 Ellis Rd S, Jacksonville , FL 32254-3546**

FL0000596866

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

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2020); HW Transporter (reg exp on 06/30/2020) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2020).**

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=FL0000596866.

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

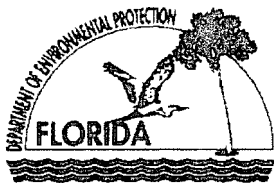
Glen.Perrigan@dep.state.fl.us .

Sincerely,

A handwritten signature in cursive script, appearing to read "Glen Perrigan".

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 50189 , Email Address: richard.cunningham@univar.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)
Florida Department of Environmental Protection

MAY 16 2019

EPA ID: F L 0 0 0 0 5 9 6 8 6 6

Please use the instructions document to complete this form

Permitting & Compliance
Assistance Program

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

Univar USA, Inc.

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Univar USA, Inc.

Date became Operator: ____/____/____

Street or P.O. Box:

155 Ellis Road South

Phone Number:

904-783-7912

City or Town:

Jacksonville

State:

FL

Zip Code:

32254

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. 4 2 4 6 9 1 (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

☒ Same address as #__ above or:

First Name:

Richard

Last Name:

Cunningham

Title:

Branch Operations Manager

Phone Number:

904-783-7912

Extension:

E-Mail:

richard.cunningham@univar.com

Fax:

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 (List additional owners in the comments section)

☐ Same address as #__ above or:

Name of Owner:

Univar USA, Inc.

Date became Owner: ____/____/____

☐ New Owner mm dd yy

Street or P.O. Box:

3075 Highland Parkway, Suite 200

Phone Number:

425-889-3400

City or Town:

Downers Grove

State:

IL

Zip Code:

60515

Country (if not USA)

Owner Type:

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

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FL0000596866													
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):																		
(A) (1) Generator of Hazardous Waste <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES. Choose only one of the following three categories. <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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. <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: __SQG__ LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> 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. <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> 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 D001	2 D002	3 D003	4 D005	5 D006	6 D007	7 D008												
8 D009	9 D011	10 D035	11 D040	12 F002	13 F003	14 F004												
15 F005	16 U080	17 U145	18 U154	19 U228	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.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date) <input type="checkbox"/> (C) Property Tax Default <input type="checkbox"/> (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 checked="" type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">First Name: Scott</td> <td style="width:33%;">Last Name: Stevens</td> <td style="width:34%;">Title: Regional Regulatory Manager</td> </tr> <tr> <td>Phone Number: 678-372-9123</td> <td>Extension:</td> <td>E-Mail: scott.stevens@univar.com</td> </tr> <tr> <td colspan="3">Street or P.O. Box: 2145 Skyland Court</td> </tr> <tr> <td>City or Town: Norcross</td> <td>State/Country: GA</td> <td>Zip Code: 30071</td> </tr> </table>						First Name: Scott	Last Name: Stevens	Title: Regional Regulatory Manager	Phone Number: 678-372-9123	Extension:	E-Mail: scott.stevens@univar.com	Street or P.O. Box: 2145 Skyland Court			City or Town: Norcross	State/Country: GA	Zip Code: 30071
First Name: Scott	Last Name: Stevens	Title: Regional Regulatory Manager																
Phone Number: 678-372-9123	Extension:	E-Mail: scott.stevens@univar.com																
Street or P.O. Box: 2145 Skyland Court																		
City or Town: Norcross	State/Country: GA	Zip Code: 30071																

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. GAD980845077
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 checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input checked="" 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. GAD980845077

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:

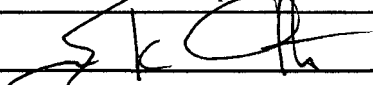
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting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

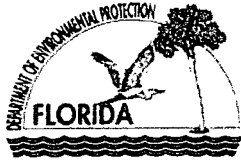
17. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the 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)
	Erik Otto Regulatory Manager	<input type="checkbox"/>	03-20-2019
		<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:

ERIK OTTO 425.324.1275 ERIK.OTTO@UNIVAR.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, 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: Univar USA Inc. 2 Telephone No. 904 783-7912
Site Address: 155 Ellis Road South
Jacksonville, FL 32254 3 EPA ID No. FL0000596866

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

4 Name of person preparing report (please print) Scott Stevens
Title: Regional Regulatory Manager Phone number (if different from #2, above) 678 372-9123

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)	Automotive	Industrial	Mixed	Total
a. In Florida	0	178	0	178
b. From out of State	0	0	0	0
c. Beginning Inventory				0
d. Total (sum of totals from Lines a + b + c)				178

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

In State	Out of State
0	178
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	178
0	0

3 Total amount (in gallons) of Used Oil managed

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

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	<input type="checkbox"/>
2. Number of used oil filters collected	148586	<input type="checkbox"/>
3. Total number of used oil filters to manage (Line 1 plus Line 2)	148586	<input type="checkbox"/>
4. Disposition of used oil filters collected		
a. Transferred to another registered facility	148586	<input checked="" type="checkbox"/>
b. Burned for energy recovery at a Waste-To-Energy facility	0	<input type="checkbox"/>
c. Transferred directly to a metal foundry for recycling	0	<input type="checkbox"/>
d. TOTAL	148586	<input checked="" type="checkbox"/>
5. End of year, on hand estimate (Line 3 minus Line 4d)	0	<input type="checkbox"/>
6. Gallons of used oil collected as a result of filter processing	0	<input type="checkbox"/>
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0	<input type="checkbox"/>
8. Volume of oily waste collected and managed as a result of filter processing <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards	0	<input type="checkbox"/>
9. Description of oily waste management _____		

DIRECTIONS FOR SECTION C

Conversion Table

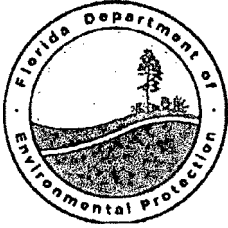
One 55-gallon drum of **crushed** used oil filters = approximately **400** used oil filters

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.



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

Univar USA Inc.	155 Ellis Road	Jacksonville, FL
Facility Name	Street Address	City and State
904-783-7912		scott.stevens@univar.com
Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 2082
Types: Fluorescent ☒ HID ☐
- Estimated number of DEVICES handled during the last calendar year. 0
Types: Thermostats ☐ Electric Switches/Relays ☐
Thermometers ☐ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 0 lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

<u>2082</u>	<u>Vopak Logistic Services</u>	<u>Fitzgerald, GA</u>	<u>229-423-5428</u>
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone

Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--	---------------	------------	-------

Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
<u>Scott Stevens</u>	<u>Scott Stevens</u>	<u>1/21/19</u>	
Print Name of Authorized Agent	Signature of Authorized Agent	Date	

"More Protection, Less Process"

www.dep.state.fl.us

MEMORANDUM OF INSURANCE

DATE OF ISSUE: 05/29/2018

PRODUCER:

Aon Risk Services Central, Inc.
One Liberty Place
1650 Market Street, Suite 1000
Philadelphia, PA 19103 USA
CONTACT: Alexa Stricker
PHONE: (215) 751-1286

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	ACE American Insurance Company
COMPANY LETTER	B	Indemnity Insurance Company of North America
COMPANY LETTER	C	ACE Fire Underwriters Insurance Company
COMPANY LETTER	D	Illinois Union Insurance Company
COMPANY LETTER	E	

INSURED:

UNIVAR USA INC
And All Subsidiaries and Affiliates
3075 Highland Parkway Suite 200
Downers Grove, IL 60515 USA

COVERAGES

This memorandum verifies that the following coverages are in force: Commercial General Liability, Automobile Liability, Excess Liability and Workers' Compensation/Employers' Liability.

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

CO LTR	TYPE OF INSURANCE ☒	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	General Liability XSL G71094637	6/01/18	6/01/19	GENERAL AGGREGATE	\$ 3,000,000
	X COM GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$ 3,000,000
	CLAIMS MADE				PERSONAL & ADV INJURY	\$ 3,000,000
	X OCCUR				EACH OCCURRENCE	\$ 3,000,000
	OWN & CONT PROT				DAMAGE TO RENTED PREMISES (Any One Premise)	\$ 300,000
					MED EXPENSE (Any one person)	\$ Excluded
A	AUTOMOBILE LIABILITY	Commercial Auto – PPTs: ISA H25158295	6/01/18	6/01/19		
	X ANY AUTO				COMBINED SINGLE LIMIT	\$ 5,000,000
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per Person)	\$
	NON-OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	GARAGE LIABILITY				PROPERTY DAMAGE	\$
A	SELF-INSURED	Truckers Liability: MMT H25158283	6/01/18	6/01/19		
	PHYSICAL DAMAGE					
D	EXCESS LIABILITY	Umbrella Liability XCE G27380566005	6/01/18	6/01/19	EACH OCCURRENCE	\$ 4,000,000
	X OCCUR				AGGREGATE	\$ 4,000,000
	CLAIMS MADE					
B A A C	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	WLR C64787330 (AOS) WCU C64787494 (CA, WA, OH, OR) WLR C64787378 (AZ, MA) SCF C64787457 (WI)	6/01/18	6/01/19	WC - STATUTORY LIMITS	\$
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
					E.L. DISEASE-EACH EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of Coverage – Note that a \$2,000,000 SIR applies to the General Liability coverage evidenced above.