

FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Noah Valenstein Secretary

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

10/15/2020 Gerry McCormick, Pres Diversified Marine Tech Inc 1201 N 22nd Street Tampa, FL 33605

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 **Diversified Marine Tech Inc** located at **2531 Causeway Blvd, Tampa**, **FL 33619-5151**

FLD984182733

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: HW Transporter (reg exp on 06/30/2021); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transfer Facility (reg exp on 06/30/2021).

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://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984182733. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

anet E. Ashwood

ME ID: 40523, Email Address: desdmtgerry@gmail.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

Date Received (for FDEP Official Use Only) tinent of Environmental FEB 28 2020

(850) 245-8707

WAL DE	· ·	` '				-	2. 2.020
EPAID: FLD984	182	7 3	3		use the instruction	ons do	cument to complete this form
1. Reason for Submittal: (all submitters m	ust complete page	es 1 and 2 a	and sign p	age 7. Pag	es 3 through 6 - comp	olete as	applicable)
Mark 'X' in the correct box*: To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).							
(must choose one if a notification)	sted information	for an EF	A ID nu	mber (to	update status and faci	lity ide	ntification information).
To provide the	final information	n for an E	PA ID nu	ımber (cl	osing). (see instructio	ns—m	ist complete pages 1, 2, 3, 7)
To obtain new o	or updating an E	PA ID nu	mber for	conducti	ing Electronic Man	ifest B	roker activities.
☐ Submitting new	Submitting new or revised notification for Part A for permitted facilities.						
FL Registration(s) UW Mercur	y (see page 4)		☐ HW	Transpo	rter (see page 5)		☐ Used Oil (see page 6)
2. Facility or Business Name:*							
Diversified Marine	Tech	In	8 1 ८ ,				
3. Facility Physical Location Information: (No P.O. Boxes)						
Physical Street Address*: 2531 Cause	Wan Dlu	d					□Vessel
City or Town:	7 310				State:	Zip C	ode:
Tempe					FL	٠	33619
Country (if not USA)*:							
4. Facility or Business Mailing Address:							
Same address as #3 above or*:							
City or Town*		State*:		Zip/Pos	stal Code*:	Co	ountry (if not USA):
5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)							
A. 2 2 8 1 0 (required) B.							
c.				D.			
6. Facility or Business RCRA Contact Person: Same address as #above or:							
First Name* Title*							
Gerry McCormide					President		
Phone Number*: 813-248-3266 Extension*: N/A Fax*: N/A							
E-Mail*: des dont gerry @ smail .com							
Street or P.O. Box (or same address box is che	ecked)*:/20	IN	22"	·1 st			
			e*:		Zip Code*: Country (if not USA):		Country (if not USA):

Name of Owner*: Date became Owner*: 01 / 0 / / 3	RCRA Hazardous Waste Status Notification or Out of Business Notifica	EPA ID No. FCD 984 182 733				
New Owner mm dd yy Phone Number*: goo - 74/-2277	7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)					
New Owner mm dd yy		Date b	ite became Owner*: 06 / 0 / / 13			
State Zip Code*: 33605 Country (if not USA):	Town Part Authoritin	l				
State Zip Code*: 33605 Country (if not USA):	Street or P.O Box (or same address box is checked)*:	Phone				
E-Mail*: Perhaps or Contect Owner Type*: Private Federal Municipal State County Other Street or P.O. Box (or same address box is checked) Private State County Other New Operator New Operato	City or Town*					
Owner Type*: Private Federal Municipal State County Other	PM 1 PL		33608			
Comments: 8. Facility Operator (List additional Operators in the comments section). Same address as #above or: Name of Operator :						
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Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (or same address box is checked) Street or P.O. Box (Or Same address box is checked) Street or P.O. Box (Orber) Street or P.O. Box	8. Facility Operator (List additional Operators in the comments section). Same address as	# abov	ve or:			
New Operator mm dd yy	Name of Operator*:	Date l	pecame Operator*: 08/01/88			
Departor Type*: Private Federal Municipal State County Other	Diversified Environmental Services Tre.		New Operator mm dd yy			
Departor Type*: Private Federal Municipal State County Other	Street or P.O. Box (or same address box is checked)*: 221 N 22'd 5+	Phone	Number*: 813-248-3256			
Departor Type*: Private Federal Municipal State County Other Private Federal Municipal State County Other	City or Town*: State*:	Zip Co	ode*: 33606 Country (if not USA):			
Operator Type*: Private Federal Municipal State County Other Comments:	E-Mail*: desdatsern @ smail .com					
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply): (1) Generator of Hazardous Waste Yes No (This does 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 (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. c. Very Small Quantity Generator (VSQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 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. Mixed Waste (hazardous and radioactive) Generator f. United States Importer of hazardous waste g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required) h. Episodic: Not lasting more than 60 days: _SQG_LQG (Addendum B Required)	Operator Type*: Private DFederal DMunicipal DState DCounty	Other_				
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_	g. 240 homyling of 1040 financiation waste contact of the ballio 1 of our R 202.17(1). (Addendant A Required)					
transmit an electronic manifest under a contractual relationship with a hazardous waste generator.						

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No.*	1984/8273
9. RC	RA Haza	rdous Waste Act	tivities at this Fa	cility continued:	(Mark 'X' in all		110110000
9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply): For Items 3 through 9, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) 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 Specify: Stores prior to recycling Does not store prior to recycling. Note: A permit maybe 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 b. Smelting, Melting, and Refining Furnace Exemption (5) Person Authorized to Manage Very Small Quantity 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 (8) Recognized Trader—Mark all that apply a. Importer b. Exporter (9) Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G—Mark all that apply a. Importer							
you	aste Code our facility. I	List them in the order	they are presented in	the regulations (e.g.,	List the waste codes of , D001, D003, F007, K	K019, P012, U112).	
1		2	3	4		6	7
8		9	10	11	12	13	14
15		16	17	18	19	20	21
1. Ot]	her Statu	s Changes (If no	longer handling wast	e or closed, items 9 a	and 10 should be left b	plank and items 12-16	skipped):
	Central Ad Facility Cl Closure Dates (1) Expe (2) Requ (3) Date	es: ected closure date	AA) section only if <u>all</u> bus ate	date in mm/	(date in mm/dd/yyyy) //dd/yyyy) FR 262.17(a)(8)		
(C) I	?roperty Ta	ax Default 🔲		(D) Petitio	on for Bankruptcy Pr	rotection 🔲	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*FLD 984/82733						
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 an of UW accumulated (at any one time)	ny combination					
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 notification						
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 (at any one time) Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR]) Florida Universal Pharmaceutical Waste (UPW) Transporter						
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.,F.A.C. (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 Mercury Transporter/Handler for-hire Activities 1st Annual Registration						
Non-mic Transfer Facinity of Universal waste intercury-containing Lamps or Devices	Annual Registration Required					
Mercury-Containing Lamps LOH = 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) 1 st Annual Registration Required Annual Renewal						
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s). We use Drum Top Bulb Crusher(s). We use Drum Top Bulb Crusher(s). 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)] F.A.C.						

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.* FLD 984/82733					
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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.						
Generators who transport waste only within the boundaries of their facility sho	ould NOT register in box 14.A below.					
A. HW Transporter Registration Information (must be completed annually						
This form is: 🔲 Initial Registration 💢 Renewal 🔲 Notification of cl	hanges 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	er - snecify					
, , , , , , , , , , , , , , , , , , ,						
B. HW Transfer Facility Registration Information (must be completed and	nually and when this information changes)					
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in Ite	em 3) Storage Volume					
This form is: Initial Registration Renewal Notification of ch	nanges Cancel Registration					
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule	e 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	ddress					
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tra	nsfer Facility:					
Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:						
C. The following items are required to be submitted with the initial notification for a transs submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative	fer facility and any changed items must be Code (F.A.C.)]:					
Certification by a responsible corporate officer of the transporter facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the mana	gement of hazardous wastes in laboratories					
See the item-by-item instructions for definitions of types of eligible academic						
 a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university 						
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories						

Us	ed C	oil and Hazardous Secondary Material	EPA ID No.* FLD 984/82733		
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)					
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.					
	Th	is form is: 🔲 Initial Registration 🙀 Renewal 🔲 Notification of c	hanges		
>	ৰ্বু	If applicable, a check or money order, in the amount of \$100, payable to Florida Der UO Collection Centers must check 16.(2) of this form (not as a registration).			
(1)	Use	d Oil Transporter - mark 'X' in all that apply: (occurring in Florida)			
	A	a. Transporter (off-site) and noncontiguous locations			
	X	b. Transfer Facility			
(2)		Collection Center (From businesses, no more than 55 gal per shipment)			
(3)		Used Oil Processor (A permit is required.)			
(4)		Used Oil Re-refiner (A permit is required.)			
(5)		Off-Specification Used Oil Burner ☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace			
(6)	Use	d Oil Fuel Marketer			
(7)	Use	d Oil Filter Management (must annually register)			
	S	a. Transporter			
		b. Transfer Facility c. Processor (Annual Report Required)			
	_	d. End User (see instructions for definition)			
(8)		e records required under the provisions of Rule 62-710.510, FAC, are kept at (check of	one):		
		Our mailing (business) address (as listed in Item 4) The site (facility) address (as listed in Item 3)			
(9) 1	Used	Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) • ALL registered UO transporters 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 UO transporters transporting more than 500 gallons/year must submit proof of in 			
		submission as a certified used oil transporter in section 19 (except those exempte			
2	The	used oil annual report is attachedEvidence of Liability Insurance pursua	nt to 62-710.600(2)(e)., F.A.C. is attached.		
17. Notification of Hazardous Secondary Material (HSM) Activity					
(1)		Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)			
(2)		Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)			

Required signature page		EPA ID No.* FLD 984/82 733
18. Comments (attach a page if more space is needed):		
19. Certification: I certify under penalty of law that this document a accordance with a system designed to assure that qualified personnel submitted is, to the best of my knowledge and belief, true, accurate, false information, including the possibility of fine and imprisonment	l properly gather and and complete. I am av for known violations	evaluate the information submitted. The information ware that there are significant penalties for submitting
I certify as a Used Oil Transporter that I am familiar with the tation and have an annual and new employee training program in pla bility is demonstrated by the Used Oil Transporter Certificate of Liab	bility Insurance, DEP	form 62-730.900(5)(a), F.A.C
Signature of owner, operator, or an authorized representative:	Date Signed (mn	
18 KALB JO		r-2020
Print Name (First, Middle Initial, Last):	Title:	
Gerry Kyle McCornell Jr	Presid	lent
Organization:	Used Oil	
Diversified Morine Tech Inc.		
Email:		
Signature of owner, operator, or an authorized representative:	Date Signed (mn	n-dd-yyyy):
Print Name (First, Middle Initial, Last):	Title:	
Organization:	Used Oil 🚨	
Email:		
If the person that filled in this form is not the Facility Contact or Op	erator, please compl	ete the information below:
(Name of person completing this form) (Phone Number	r)	(E-mail Address)