



## 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

09/09/2020

Ashley Shive, Director of Emergency Response  
ACT Environmental & Infrastructure Inc  
1875 W Main St  
Bartow, FL 33830-7718

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 **ACT Environmental & Infrastructure Inc** located at **1875 W Main St. Bartow, FL 33830-7718**

**FLR000011049**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: **Very Small Quantity Generator**; Petroleum Contact Water Management; **Episodic -SQG**.

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 03/01/2021**); HW Transporter (**reg exp on 06/30/2021**); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, 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://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000011049](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000011049).

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

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us).

Sincerely,


A handwritten signature in cursive script, appearing to read "Ashley Shive".

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 41912 , Email Address: [ashive@a-c-t.com](mailto:ashive@a-c-t.com)

MAY 24 2020

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, $> 1$ kg of acute hazardous waste, or $> 100$ kg of acute hazardous waste spill cleanup in <b>one or more months of the reporting year</b> (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

F	L	R	0	0	0	0	1	1	0	4	9
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3. Site Name

American Compliance Technologies Inc. dba A-C-T Environmental & Infrastructure Inc.
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4. Site Location Address

Street Address		1875 W Main Street	
City, Town, or Village		Bartow	
County	Polk		
State	Florida	Country	USA
Zip Code	33830		

5. Site Mailing Address

☒ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

6. Site Land Type

<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	562910	C.	
B.	562219	D.	

## 8. Site Contact Information

☒ Same as Location Address

First Name	Ashley	MI	Last Name	Shive
Title Director of Emergency Response				
Street Address				
City, Town, or Village				
State	Country		Zip Code	
Email ashive@a-c-t.com				
Phone	863-533-2000	Ext	237	Fax 863-533-1991

## 9. Legal Owner and Operator of the Site

## A. Name of Site's Legal Owner

☒ Same as Location Address

Full Name	Kincart Group	Date Became Owner (mm/dd/yyyy)	05/30/2001
Owner Type			
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
Street Address			
City, Town, or Village			
State	Country		Zip Code
Email			
Phone	Ext		Fax
Comments			

## B. Name of Site's Legal Operator

☒ Same as Location Address

Full Name	American Compliance Technologies Inc. dba A-C-T Environmental & Infrastructure Inc.	Date Became Operator (mm/dd/yyyy)	07/01/1995
Operator Type			
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
Street Address			
City, Town, or Village			
State	Country		Zip Code
Email			
Phone	Ext		Fax
Comments			

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/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.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input checked="" type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

**B. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D018	D035	D039	D040
D043	F001	F002	F003	F004	F005	

**C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes.** Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)****A. Other Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

**B. Universal Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Transporter
<input checked="" type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Pharmaceutical Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

**12. Eligible Academic Entities with Laboratories**—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

**13. Episodic Generation**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator?
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**14. LQG Consolidation of VSQG Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

**16. Notification of Hazardous Secondary Material (HSM) Activity**☐ Y ☒ N

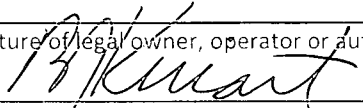
Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.

**17. Electronic Manifest Broker**☐ Y ☒ N

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

**18. Comments** (include item number for each comment)

**19. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 03/19/2020
Printed Name (First, Middle Initial Last) R. Jeffrey Kincart	Title Vice President
Email jkincart@a-c-t.com	

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

# ADDENDUM TO THE SITE IDENTIFICATION FORM: EPISODIC GENERATOR

**ONLY fill out this form if:**

- You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 262 Subpart L. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

<b>Episodic Event</b>	
<b>1. Planned</b> <input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____	<b>2. Unplanned</b> <input type="checkbox"/> Accidental spills <input checked="" type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, hurricane, flood, etc.) <input type="checkbox"/> Other _____
<b>3. Emergency Contact Phone</b> 800-226-0911	<b>4. Emergency Contact Name</b> Ashley Shive
<b>5. Beginning Date</b> <u>03/17/20</u> (mm/dd/yyyy)	<b>6. End Date</b> <u>05/16/20</u> (mm/dd/yyyy)

**Waste 1**

<b>7. Waste Description</b> Low pH Petroleum Contaminated Water				<b>8. Estimated Quantity (in pounds)</b> 1600 P	
<b>9. Federal and/or State Hazardous Waste Codes</b>					
D002	D018				

**Waste 2**

<b>7. Waste Description</b>				<b>8. Estimated Quantity (in pounds)</b>	
<b>9. Federal and/or State Hazardous Waste Codes</b>					

**Waste 3**

<b>7. Waste Description</b>				<b>8. Estimated Quantity (in pounds)</b>	
<b>9. Federal and/or State Hazardous Waste Codes</b>					