

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 _____
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, 2020 through December 31, 2020

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: Electrical Engineering Ent. 2. Telephone No. (813) 740-9601
Site Address: 5316 E. Henry Ave. Tampa FL 33610
3. EPA ID No. FLR000215376

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

4. Name of person preparing report (please print) Wayne Ellis
Title President 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
	9375		9375
			9375

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

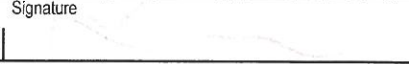

Treated at a wastewater treatment unit

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
	9375
	9375
	9375

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MINERE 6012 RFD		2. Page 1 of 1	3. Emergency Response Phone 844-576-1321		4. Manifest Tracking Number 015164437 FLE			
5. Generator's Name and Mailing Address Gainesville Regional Utilities PO Box 127116 Gainesville, FL 32614					Generator's Site Address (if different than mailing address) 10001 NW 13th St Gainesville, FL Waste Plus 43-625-0205					
Generator's Phone: 772-324-3244					6. Transporter 1 Company Name Emerald Transformer					
					U.S. EPA ID Number FLR000166203					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address GREEN HORIZONS TPA LLC 1475 S.W. 8th St Gainesville, FL 32604					U.S. EPA ID Number 640660129167					
Facility's Phone: 772-024-1912										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
					No.	Type				
	1.	NON HAZARDOUS MATERIAL			1	T.T.	14,915	K		
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information LETPU 4315 APPROX 4375 gal. QUS. 12-3-20										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name Kevin R. Baggett					Signature 			Month 12	Day 3	Year 20
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name Kevin R. Baggett				Signature 			Month 12	Day 3	Year 20
	Transporter 2 Printed/Typed Name				Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
	18c. Signature of Alternate Facility (or Generator)							Month	Day	Year
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
	1.	2.	3.	4.						
	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
	Printed/Typed Name				Signature			Month	Day	Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONDOT REGULATED	2. Page 1 of 1	3. Emergency Response Phone 844-576-1321	4. Manifest Tracking Number 014222992 FLE	
5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa FL 33610			Generator's Site Address (if different than mailing address) Dave Baker 813-363-7002			
Generator's Phone: 813-625-0206						
6. Transporter 1 Company Name Emerald Transformer			U.S. EPA ID Number FLR000168203			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors PPM LLC 1875 Forge Street Tucker, GA 30084			U.S. EPA ID Number			
Facility's Phone: (770) 934-0902			GAD980839187			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
1.	NON DOT REGULATED MATERIAL (<1 LB PCB)		01 IT 8500 kg			
2.						
3.						
4.						
13. Waste Codes						
14. Special Handling Instructions and Additional Information 1) PPMASID A315 Est volume 2500 OSD 2-26-20						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name David P. Connolly			Signature David P. Connolly		Month 02	Day 26
					Year 20	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Mike Kennedy			Signature Mike Kennedy		Month 02	Day 26
Transporter 2 Printed/Typed Name			Signature		Year 20	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Rec'd 2500 g/s 8523 kg						
18b. Alternate Facility (or Generator)			Manifest Reference Number: U.S. EPA ID Number			
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month	Day
					Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
H039						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name David P. Connolly			Signature David P. Connolly		Month 02	Day 28
					Year 20	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>0050719</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>854-370-1521</i>	4. Manifest Tracking Number 014222992 FLE	
		5. Generator's Name and Mailing Address Electrical Engineering Ent 3316 East Henry Ave Tampa FL 33610 Generator's Phone: <i>813-635-0706</i>				
6. Transporter 1 Company Name Emerald Transformer		Generator's Site Address (if different than mailing address) <i>Dave Baker</i> <i>813-363-7002</i>			U.S. EPA ID Number FL8000168203	
					7. Transporter 2 Company Name U.S. EPA ID Number	
8. Designated Facility Name and Site Address Clean Harbors PPM LLC 1875 Forge Street Tucker, GA 30084 Facility's Phone: <i>(770) 934-0902</i>		U.S. EPA ID Number <i>207</i> CAD980839187			11. Total Quantity	
					12. Unit WL/Vol.	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		13. Waste Codes		
		No.	Type			
	1. NON DOT REGULATED MATERIAL (<1 LB PCB)					
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information <i>1) PPMASID</i>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name		Signature		Month Day Year		
				<i>07 2 2</i>		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month Day Year		
<i>L. ...</i>		<i>R. ...</i>		<i>07 2 2</i>		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month Day Year		



February 6, 2020

Dave Baker
Electrical Engineering ENT
5316 East Henry Ave
Tampa, FL 33610

RE: Sales Order: 00018719

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 014222992FLE

Date Received: 2/28/20

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

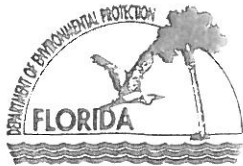
We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Ramsay", is written over a horizontal line.

Carol Ramsay
Compliance Guard

Enclosure(s)



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 _____
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, 2019 through December 31, 2019

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: Electrical Engineering Ent. 2. Telephone No. (813) 740-9601
Site Address: 5316 E. Henry Ave. Tampa FL 33610
3. EPA ID No. FLR000215376

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

4. Name of person preparing report (please print) Wayne Ellis
Title President 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
	25,590		25,590
			25,590

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
	25,590
	25,590
	25,590



February 28, 2019

Dave Baker
Electrical engineering Ent
5316 East Henry Avenue
Tampa, FL 33610

RE: Sales Order #00008395

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 012676443FLE

Date Received: 2/26/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Ramsay", is written over a light blue circular stamp.

Carol Ramsay
Compliance Guard

Enclosure(s)



July 31, 2019

Dave Baker
EEE
5316 East Henry Ave
Tampa, FL 33610

RE: Sales Order #00011566

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 013466916FLE

Date Received: 7/25/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Ramsay", with a stylized flourish at the end.

Carol Ramsay
Compliance Guard

Enclosure(s)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONEREQUIRED	2. Page 1 of 1	3. Emergency Response Phone 844-576-1321	4. Manifest Tracking Number 012676389 FLE	
5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610			Generator's Site Address (if different than mailing address) Electrical Engineering Ent 5950 Hwy 17 South Bartow, FL 33830 Dave Baker 813-625-0206			
6. Transporter 1 Company Name Emerald Transformer			U.S. EPA ID Number FLR000168203			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors PPM LLC 1875 Forge Street Tucker, GA 30084			U.S. EPA ID Number (770) 934-0902 QAD580839187			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
1.	NON DOT REGULATED MATERIAL (ST 10 PCB)	001	TI	9886	K	
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information ESTIMATED 2900						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Scott Baker		Signature Scott Baker		Month 2	Day 7	Year 19
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jeffrey McDowell		Signature Jeffrey McDowell		Month 2	Day 7	Year 19
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy Customer Approved Disposal of Oil 2-15-19 Dave Baker						
18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Red 3258 gals 11107 Kgs						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
H039						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name David Campbell		Signature David Campbell		Month 02	Day 08	Year 19

8247

216119



February 15, 2019

Dave Baker
Electrical Engineering Ent
5316 East Henry Avenue
Tampa, FL 33610

RE: Sales Order #00008020

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 012676389FLE

Date Received: 2/8/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

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Carol Ramsay
Compliance Guard

Enclosure(s)

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONE REQUIRED		2. Page 1 of 1	3. Emergency Response Phone 844-576-1321		4. Manifest Tracking Number 012676407 FLE	
		5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610		Generator's Site Address (if different than mailing address) Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610 813-625-0206				
Generator's Phone: 813-625-0206		U.S. EPA ID Number FLR000168203						
6. Transporter 1 Company Name Emerald Transformer		U.S. EPA ID Number						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address 1875 Forge Street Tucker, GA 30084		U.S. EPA ID Number GAD980839187						
Facility's Phone:		(770) 934-0902						
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
				No.	Type			
1.				1	T.T.	18409	K9	
2.								
3.								
4.								
14. Special Handling Instructions and Additional Information Approx. 5400 GAL. NRM								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name X / [Signature]				Signature [Signature]		Month Day Year 2 13 17		
16. International Shipments		<input type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:		
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Kevin R. Deane				Signature [Signature]		Month Day Year 2 13 17		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space		<input type="checkbox"/> Quantity		<input type="checkbox"/> Type		<input type="checkbox"/> Residue		<input type="checkbox"/> Partial Rejection
								<input type="checkbox"/> Full Rejection
Manifest Reference Number:						U.S. EPA ID Number		
18b. Alternate Facility (or Generator)								
Facility's Phone:						Month Day Year		
18c. Signature of Alternate Facility (or Generator)								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month Day Year		

GENERATOR'S INITIAL COPY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONE REQUIRED	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 013271913 FLE			
5. Generator's Name and Mailing Address Electrical Engineering Enterprises 5316 East Henry Avenue Tampa, FL 33610, FL 33547				Generator's Site Address (if different than mailing address) 5316 East Henry Avenue Tampa, FL 33610				
6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.				U.S. EPA ID Number MA D039322250				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Florida LLC 7001 Kilo Avenue Bartow, FL 33830				U.S. EPA ID Number FLD980729610				
Facility's Phone: (863) 533-6111								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. NON DOT REGULATED MATERIAL, (OILY WATER)		001 TP 0400 P				
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 1X792 TRK #5695								
Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name DEAN WALLING				Signature <i>Dean Walling</i>		Month Day Year 12 7 19		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name Gerald Klein				Signature <i>Gerald Klein</i>		Month Day Year 12 7 19	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H141		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Sandy Wilkerson				Signature <i>Sandy Wilkerson</i>		Month Day Year 10 07 19		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NON-REQUIRED	2. Page 1 of 1	3. Emergency Response Phone 844-576-1321	4. Manifest Tracking Number 013466916 FLE				
5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610 Generator's Phone: 813-625-0206				Generator's Site Address (if different than mailing address) Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610 813-625-0206					
6. Transporter 1 Company Name Emerald Transformer					U.S. EPA ID Number FLR000168203				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address Green Harbors PPM LLC 1875 Forge Street Tucker, GA 30084 Facility's Phone: (770) 934-0902					U.S. EPA ID Number GAD980839187				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
		1. NON DOT REGULATED MATERIAL (RT IN PCB)		No.	Type				
14. Special Handling Instructions and Additional Information PPM ASID 5500									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name FRED Wilson				Signature <i>Fred Wilson</i>		Month 7	Day 25	Year 19	
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
TRANSPORTER	Transporter 1 Printed/Typed Name Jeffrey McDowell				Signature <i>Jeffrey McDowell</i>		Month 7	Day 25	Year 19
	Transporter 2 Printed/Typed Name				Signature		Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone: _____								
	18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.			2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name				Signature		Month	Day	Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONREQUIRED	2. Page 1 of 1	3. Emergency Response Phone 844-576-1321	4. Manifest Tracking Number 012676443 FLE					
5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610			Generator's Site Address (if different than mailing address) Electrical Engineering Ent 1295 Duette Rd Duette, FL 34219							
Generator's Phone: 813-363-7002			Generator's Phone: 813-363-7002							
6. Transporter 1 Company Name Emerald Transformer				U.S. EPA ID Number FLR000168203						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address Clean Fields PPM LLC 1875 Forge Street Tucker, GA 30084				U.S. EPA ID Number GAD980837187						
Facility's Phone: 770-934-0902				Facility's Phone: 770-934-0902						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) NON HAZARDOUS MATERIAL (NOT LBP PCB)			10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
				No.	Type					
				1	T.T.					
				18,463	Kg					
				2	Kg					
14. Special Handling Instructions and Additional Information SER # 905547 APPROX 2825 gal. NRM SER # 021411 APPROX 2591 gal. NRM TOTAL 5416 gal. NRM										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name DAVE BAKER						Signature <i>[Signature]</i>		Month 2	Day 25	Year 19
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name KEVIN R. BAGGETT						Signature <i>[Signature]</i>		Month 2	Day 25	Year 19
Transporter 2 Printed/Typed Name						Signature		Month	Day	Year
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Reced 5416 gals 18464 Kgs										
18b. Alternate Facility (or Generator)						Manifest Reference Number: _____ U.S. EPA ID Number				
Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)								Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H039			2.			3.			4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name David Campbell						Signature <i>[Signature]</i>		Month 02	Day 26	Year 19

8591

2/26/19

ELE 01460

00011566

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NONE REQUIRED	2. Page 1 of 1	3. Emergency Response Phone 844-576-1321	4. Manifest Tracking Number 013466916 FLE	
5. Generator's Name and Mailing Address Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610			Generator's Site Address (if different than mailing address) Electrical Engineering Ent 5316 East Henry Ave Tampa, FL 33610			
Generator's Phone: 813-625-0206			Generator's Phone: 813-625-0206			
6. Transporter 1 Company Name Emerald Transformer			U.S. EPA ID Number FLR000168203			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors PPM LLC 1875 Forge Street Tucker, GA 30084			U.S. EPA ID Number			
Facility's Phone:			(770) 934-0902		GAD980839187	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. NON DOT REGULATED MATERIAL (<1 LB PCB)		001	TI	18750	K
	2.					
	3.					
4.						
14. Special Handling Instructions and Additional Information 1) PPM A31D Est Gallons: 5500						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name FRED WILSON			Signature <i>Fred Wilson</i>		Month 7	Day 25
16. International Shipments <input type="checkbox"/> Import to U.S. Transporter signature (for exports only):			<input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:		Year 19	
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jeffrey McDowell			Signature <i>Jeffrey McDowell</i>		Month 7	Day 25
Transporter 2 Printed/Typed Name			Signature		Month	Day 19
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Rec'd 5616 g/s 19145 Kgs						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H039		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Dwight Campbell			Signature <i>Dwight Campbell</i>		Month 07	Day 24
					Year 19	

11816



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 _____
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: Electrical Engineering Ent. 2. Telephone No. (813) 740-9601
Site Address: 5316 E. Henry Ave. Tampa FL 33610
3. EPA ID No. FLR000215376

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

4. Name of person preparing report (please print) Wayne Ellis
Title President 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
	4899		4899
			4899

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
	4899
	4899
	4899

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>None Required</i>		2. Page 1 of <i>1</i>		3. Emergency Response Phone <i>844-576-1321</i>		4. Manifest Tracking Number 010299603 FLE					
		5. Generator's Name and Mailing Address <i>None Required</i>						Generator's Site Address (if different than mailing address) <i>EEE 5716 East Hwy Ave Tampa FL</i>					
6. Transporter 1 Company Name <i>Emerald Transporter</i>		U.S. EPA ID Number <i>800 908 8840</i>						U.S. EPA ID Number <i>FL-000168203</i>					
7. Transporter 2 Company Name		U.S. EPA ID Number						U.S. EPA ID Number					
8. Designated Facility Name and Site Address <i>Cleanway PPM LLC 1875 Ridge St Tucker GA 30084</i>		U.S. EPA ID Number <i>770 934-0902</i>						U.S. EPA ID Number <i>GAD 980839187</i>					
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
						No. Type							
		1. Non DOT Regulated material (2113 PCB)				01 TT		17272 Kg					
		2.											
		3.											
		4.											
14. Special Handling Instructions and Additional Information <i>EST volume 5000 000-5-9-18</i>													
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's/Officer's Printed/Typed Name <i>Dennis Luk</i>										Signature <i>[Signature]</i>		Month Day Year <i>05 09 18</i>	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____													
17. Transporter Acknowledgment of Receipt of Materials													
Transporter 1 Printed/Typed Name <i>Rick Henry</i>										Signature <i>[Signature]</i>		Month Day Year <i>05 09 18</i>	
Transporter 2 Printed/Typed Name										Signature		Month Day Year	
18. Discrepancy													
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <i>Rec'd 4899 kg 16701 Kgs</i> Manifest Reference Number: _____													
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____													
Facility's Phone: _____													
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____													
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
1. _____				2. _____				3. _____				4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
Printed/Typed Name <i>Dennis Campbell</i>										Signature <i>[Signature]</i>		Month Day Year <i>05 10 18</i>	



May 15, 2018

David Baker
EEE
5316 East Henry Avenue
Tampa, FL 33610

RE: Sales Order #: 00001311

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 010299603FLE

Date Received: 5/10/18

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 934-0902 x 6562.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Ramsay", with a stylized flourish at the end.

Carol Ramsay
Compliance Guard

Enclosure(s)



**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: F L R 0 0 0 2 1 5 3 7 6

Please use the instructions document to complete this form
* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete 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).
- ☐ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
- ☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
- ☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- ☐ UW Mercury (see page 4) ☒ HW Transporter (see page 5) ☐ Used Oil (see page 6)

2. Facility or Business Name:*

ELECTRICAL ENGINEERING ENTERPRISES INC

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

5316 E. HENRY AVE.

☐ Vessel

City or Town:

TAMPA

State:

FL

Zip Code:

33610

County*:

HILLSBOROUGH

Country (if not USA)*:

USA

4. Facility or Business Mailing Address:

☒ Same address as # 3 above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

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

A. 2 3 8 2 1 0 (required)

B.

C.

D.

6. Facility or Business RCRA Contact Person: ☐ Same address as # 2 above or:

First Name*:

WAYNE

Last Name*:

ELLIS

Title*:

PRESIDENT

Phone Number*:

813.740.9601

Extension*:

Fax*:

813.740.9360

E-Mail*:

ELLIS@ELECTENG.COM

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* FLR000215376	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*:		Date became Owner*: ____ / 9 / ____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
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 _____			
Comments:			
8. Facility Operator (List additional Operators in the comments section). Same address as # ____ above or:			
Name of Operator*:		Date became Operator*: ____ / ____ / ____ <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator 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 _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (This does not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> 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. <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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. <input type="checkbox"/> 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. <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required) <input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required) <input type="checkbox"/> i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

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-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit may be 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 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
- ☐ b. Exporter

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 must 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, items 9 and 10 should be left blank and items 12-16 skipped).**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐**(D) Petition for Bankruptcy Protection** ☐

Universal Waste Notification and Mercury Transporter/Handler Registration	EPA ID No. * FLR000215376
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="margin-left: 40px;"> 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 </div> <input type="checkbox"/> Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a UW. <div style="margin-left: 100px;">A permit is required for storage prior to recycling.</div>	
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification	
<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 (at any one time) <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR]) <input type="checkbox"/> 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 <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 Mercury Transporter/Handler <u>for-hire</u> Activities <input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual 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"/> 1st Annual Registration <input type="checkbox"/> Annual 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)] F.A.C.	

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 should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

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: (as listed in Item 3) 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 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 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 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 management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ 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

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 **must annually register** with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

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. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (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) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

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

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

☒ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address (as listed in Item 4)

☐ The site (facility) address (as listed in Item 3)

(9) 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 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 19 (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.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ 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), or (27). (**Addendum C Required**)

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. (**Addendum C Required**)

Addendum A: LQG Consolidation of VSQG Hazardous Waste		EPA ID No.* FLR000215376	
Only fill out this form if: <ul style="list-style-type: none"> • You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed. 			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>VSQG 1</div> <div> <input type="checkbox"/> New </div> <div> <input type="checkbox"/> Update </div> <div> <input type="checkbox"/> Delete </div> </div>			
A. EPA ID Number (if assigned)		B. Facility Name	
C. Facility Street Address			
D. City	E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name	
I. Contact Email			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>VSQG 2</div> <div> <input type="checkbox"/> New </div> <div> <input type="checkbox"/> Update </div> <div> <input type="checkbox"/> Delete </div> </div>			
A. EPA ID Number (if assigned)		B. Facility Name	
C. Facility Street Address			
D. City	E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name	
I. Contact Email			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>VSQG 3</div> <div> <input type="checkbox"/> New </div> <div> <input type="checkbox"/> Update </div> <div> <input type="checkbox"/> Delete </div> </div>			
A. EPA ID Number (if assigned)		B. Facility Name	
C. Facility Street Address			
D. City	E. State	F. Zip Code	
G. Contact Phone Number		H. Contact Name	
I. Contact Email			

Addendum B: Episodic Generator		EPA ID No. FLR000215376									
Only fill out this form if: <ul style="list-style-type: none"> 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. 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 needed. 											
Episodic Event											
A. Planned <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. Unplanned <input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.) <input type="checkbox"/> Other _____									
C. Emergency Contact Phone _____		D. Emergency Contact Name _____									
E. Beginning Date _____ (mm/dd/yyyy)		F. End Date _____ (mm/dd/yyyy)									
Waste 1											
G. Waste Description _____		H. Estimated Quantity (in pounds) _____									
I. Federal Hazardous Waste Codes <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>											
Waste 2											
G. Waste Description _____		H. Estimated Quantity (in pounds) _____									
I. Federal Hazardous Waste Codes <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>											
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[illegible]

18. Comments (attach a page if more space is needed):

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. 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 known violations.

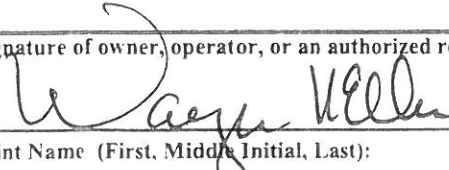
☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated 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:	Date Signed (mm-dd-yyyy):
--	---------------------------

Print Name (First, Middle Initial, Last): <div style="text-align: center;">WAYNE ELLIS</div>	Title: <div style="text-align: center;">PRESIDENT</div>
---	--

Organization: <div style="text-align: center;">ELECTRICAL ENGINEERING ENTERPRISES</div>	Used Oil <input type="checkbox"/>
--	-----------------------------------

Email: <div style="text-align: center;">ELLIS@ELECTENG.COM</div>

Signature of owner, operator, or an authorized representative: 	Date Signed (mm-dd-yyyy): <div style="text-align: center;">1/28/2021</div>
---	---

Print Name (First, Middle Initial, Last):	Title:
---	--------

Organization:	Used Oil <input type="checkbox"/>
---------------	-----------------------------------

Email:

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

NICOLE WILSON	8137409601	WILSON@ELECTENG.COM
(Name of person completing this form)	(Phone Number)	(E-mail Address)

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)

Charles R. Salyer
(Typed name)

Commercial Agent FL A230442
(Title)

Authorized Representative of
Auto Owners Insurance Company - Commercial Auto
(Name of Insurer)

11470 N 53rd St. Temple Terrace, FL 33617
(Address of Representative) Charlie@Associatesins.com 813-988-1234

(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.

Attached to and forming part of policy No. ENP 000512801 issued by
Lloyds of London
[Name of Insurer]
30 Batterson Park Dr., Farmington, CT. 06032 (attn claims) to
[Address of Insurer]
Electrical Engineering Enterprises, Inc. of
[Name of Insured]
5316 E. Henry Ave., Tampa, FL 33610
[Physical Address of Insured]

this 10th day of 10th, 2020.
(Day) (Month) (Year)

The effective date of said policy is 5th day of October, 2020.
(Day) (Month) (Year)

The expiration date of said policy is 5th day of October, 2021.
(Day) (Month) (Year)

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 or more states including Florida.

Charles R. Salyer
[Signature of Authorized Representative of Insurer]

Charles R. Salyer (A230442)

[Type Name]

Commercial Agent

[Title]

Authorized Representative of

Lloyds of London

[Name of Insurer]

11470 N. 53rd St. Temple Terrace, FL 33617 / Charlie@Associatesins.com

[Address of Representative]



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:

F L R 0 0 0 2 1 5 3 7 6

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:

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

(must choose one if a notification)

☐ 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

ELECTRICAL ENGINEERING ENTERPRISES INC

3. Facility Operator

(List additional Operators in the comments section)

Name of Operator:

WAYNE ELLIS

Date became Operator: 1 / 16 / 1999

Street or P.O. Box:

5316 E. HENRY AVE

Phone Number:

813.740.9601

City or Town:

TAMPA

State:

FL

Zip Code:

33610

Country (if not USA):

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:

SAME

☐ 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. 2 | 3 | 8 | 2 | 1 | 0 (required)

B. | | | | | |

C. | | | | | |

D. | | | | | |

6. Facility or Business Mailing Address

☒ Same address as #3 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:

WAYNE

Last Name:

Title:

Phone Number:

813.740.9601

Extension:

E-Mail:

Fax:

Street or P.O. Box:

☐ Same address as #3 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 #3 above or:

Name of Owner:

Date became Owner: / /

☐ New Owner mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

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 checked="" type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name: WAYNE	Last Name: ELLIS	Title: PRESIDENT
	Phone Number: 8137409601	Extension:	E-Mail: ELLIS@ELECTENG.COM
	Street or P.O. Box: 5316 E. HENRY AVE		
	City or Town: TAMPA	State:(Country): FL	Zip Code: 33610

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLR000215376
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 checked="" 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
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
<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>		

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:

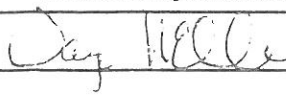
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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)
	WAYNE ELLIS	<input type="checkbox"/>	8/19/19
		<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:

NICOLE WILSON

8137409601

WILSON@ELECTENG.COM

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER
LIABILITY ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLR 000215376	Electrical Engineering Enterprises, Inc.	5316 E. Henry Ave., Tampa, FL 33610
<hr/>		
<hr/>		

(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 the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A for each accident in excess of the underlying limit of \$ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(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 this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (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.

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

I, Westchester Suplus Lines Insurance Company
(Name of Insurer)

(the "Insurer"), of 11575 Great Oaks Way, Ste 200, Alpharetta, GA, 30022
(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

Electrical Engineering Enterprises, Inc.
(Name of Insured)

(the "Insured"), of 5316 E. Henry Ave., Tampa, FL 33610
(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>
<u>FLR 000215376</u>	<u>Electrical Engineering Enterprises, Inc.</u>	<u>5316 E. Henry Ave., Tampa, FL 33610</u>

(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 G46823539 003, issued on 09/27/2019.
(date)

The effective date of said policy is 10/05/2019 and the expiration date of said policy
(date)
is 10/05/2020.
(date)

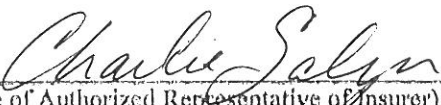
This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ for each accident in excess of the underlying limit of
\$ _____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____. The effective date of
(date)
said policy is _____ and the expiration date of said policy is _____.
(date) (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)

Charles R. Salyer
(Typed name)

Commercial Agent FL A230442
(Title)

Authorized Representative of

Westchester Suplus Lines Insurance Company
(Name of Insurer)

11470 N 53rd St. Temple Terrace, FL 33617
(Address of Representative) Charlie@Associatesins.com 813-988-1234