



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

11/29/2022

Randy Troy, EHS Compliance Spec
Triumvirate Environmental Services Inc
10100 Rocket Blvd
Orlando, FL 32824-8565

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Triumvirate Environmental Services Inc** located at **10100 Rocket Blvd, Orlando, FL 32824-8565**

DEP/EPA Identification Number: **FLD980559728**

Your facility status is the following: **Large Quantity Generator (LQG), LQH of Universal Waste - Batteries, Universal Waste - Pesticides, Universal Waste - Lamps, Universal Waste - Devices, Recognized Trader Exporter, Exporter of Spent Lead-Acid Batteries, Large Quantity Handler, Off-Site Waste Received, Operating Commercial TSD, Petroleum Contact Water Management.**

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page>.

Please note that pending program registrations, certifications, or permits will be sent to you separately.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980559728.

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division—HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received
(for FDEP Official Use Only)

MAR 8 PM 1:55

EPA ID:

F L D 9 8 0 5 5 9 7 2 8

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).

(must choose one
if a notification)

☒ 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:*

Triumvirate Environmental Services, Inc.

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

Physical Street Address*:

10100 Rocket Blvd

☐ Vessel

City or Town:

Orlando

State:

FL

Zip Code:

32824

County*:

Orange

Country (if not 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. 5 6 2 1 1 1 (required)

B.

C.

D.

6. Facility or Business RCRA Contact Person: ☒ Same address as # 3 above or:

First Name*:

Randy

Last Name*:

Troy

Title*:

ETSC

Phone Number*:

407-859-4441

Extension*:

Fax*:

407-859-6703

E-Mail*:

RTroy@Triumvirate.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.* FLD980559728	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: <div style="text-align: center;">Rocket Boulevard Properties</div>		Date became Owner*: <u>10 / 14 / 2011</u> <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 checked="" 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 # <u>3</u> above or:			
Name of Operator*: <div style="text-align: center;">Triumvirate Environmental Services, Inc.</div>		Date became Operator*: <u>10 / 14 / 2011</u> <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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input checked="" type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> - 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):			
<ul style="list-style-type: none"> - 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):			
<ul style="list-style-type: none"> - 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 maybe required for storage prior to recycling

- (4) ☐ **Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Refining Furnace Exemption

- (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	D001	2	D002	3	D003	4	D004	5	D005	6	D006	7	D007
8	D008	9	D009	10	D010	11	D011	12	D012	13	D013	14	D014
15	D015	16	D016	17	D017	18	D018	19	D019	20	D020	21	See Attached

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.* FLD980559728
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :	
A. Federal Notification	
<input checked="" 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; margin-top: 5px;"> <div>Accumulates: <input checked="" type="checkbox"/> a. UW Batteries</div> <div><input checked="" type="checkbox"/> b. Pesticides</div> <div><input checked="" type="checkbox"/> c. Pharmaceuticals</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input checked="" type="checkbox"/> d. Mercury Containing Devices</div> <div><input checked="" type="checkbox"/> e. Mercury Containing Lamps</div> </div> <div style="margin-top: 10px;"> <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. </div>	
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification	
<input checked="" 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 checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler <input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee + More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> 1st Annual Registration <input checked="" type="checkbox"/> Annual Renewal	
Briefly Describe your Universal Waste Activities: _____ <div style="text-align: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</div>	
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input checked="" 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.	

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.* FLD980559728
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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 824 Drums

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:

F	L	D	9	8	0	5	5	9	7	2	8
---	---	---	---	---	---	---	---	---	---	---	---

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.).

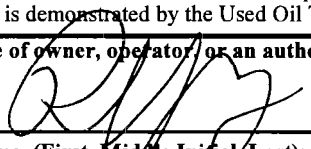
☒ The used oil annual report is attached

☒ 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)

Required signature page	EPA ID No.* FLD980559728
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.	
<input checked="" type="checkbox"/> 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): 02-31-2022
Print Name (First, Middle Initial, Last): Randy D. Troy	Title: ETSC
Organization: Triumvirate Environmental Services, Inc.	Used Oil <input checked="" type="checkbox"/>
Email:	
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
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:	
_____ (Name of person completing this form)	_____ (Phone Number)
_____ (E-mail Address)	

10. (cont.)

D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D031, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, D043

F001, F002, F003, F004, F005 F006, F007, F008, F009, F010, F011, F012, F019, F020, F021, F022, F023, F024, F025, F026, F027, F028, F032, F034, F035, F037, F038, F039

K001, K002, K003, K004, K005, K006, K007, K008, K009, K010, K011, K012, K013, K014, K015, K016, K017, K018, K019, K020, K021, K022, K023 K024, K025, K026, K027, K028, K029, K030, K031, K032, K033, K034, K035, K036, K037, K038, K039, K040, K041, K042, K043, K044, K045, K046, K047, K048, K049, K050, K051, K052, K060, K061, K062, K064, K065, K066, K069, K071, K073, K083, K084, K085, K086, K087, K088, K090, K091, K093, K094, K095, K096, K097, K098, K099, K126, K131, K132, K136, K141, K142, K143, K144, K145, K147, K148, K149, K150, K151

P001, P002, P003, P004, P005, P006, P007, P008, P009, P010, P011, P012, P013, P014, P015, P016, P017, P018, P020, P021, P022, P023, P024, P026, P027, P028, P029, P030, P031, P033, P034, P036, P037, P038, P039, P040, P041, P042, P043, P044, P045, P046, P047, P048, P049, P050, P051, P054, P056, P057, P058, P059, P060, P062, P063, P064, P065, P066, P067, P068, P069, P070, P071, P072, P073, P074, P075, P076, P077, P078, P081, P082, P084, P085, P087, P088, P089, P092, P093, P094, P095, P096, P097, P098, P099, P101, P102, P103, P104, P105, P106, P107, P108, P109, P110, P111, P112, P113, P114, P115, P116, P118, P119, P120, P121, P122, P123

U001, U002, U003, U004, U005, U006, U007, U008, U009, U010, U011, U012, U014, U015, U016, U017, U018, U019, U020, U021, U022, U023, U025, U026, U027, U028, U029, U030, U031, U032, U033, U034, U035, U036, U037, U038, U039, U041, U042, U043, U044, U045, U046, U047, U048, U049, U050, U051, U052, U053, U055, U056, U057, U058, U059, U060, U061, U062, U063, U064, U066, U067, U068, U069, U070, U071, U072, U073, U074, U075, U076, U077, U078, U079, U080, U081, U082, U083, U084, U085, U086, U087, U088, U089, U090, U091, U092, U093, U094, U095, UP96, U097, U098, U099, U101, U102, U103, U105, U106, U107, U108, U109, U110, U111, U112, U113, U114, U115, U116, U117, U118, U119, U120, U121, U122, U123, U124, U125, U126, U127, U128, U129, U130, U131, U132, U133, U134, U135, U136, U137, U138, U141, U142, U143, U144, U145, U146, U147, U148, U149, U150, U151, U152, U153, U154, U155, U156, U157, U158, U159, U160, U161, U162, U163, U164, U165, U166, U167, U168, U169, U170, U171, U172, U173, U174, U176, U177, U178, U179, U180, U181, U182, U183, U184, U185, U186, U187, U188, U189, U190, U191, U192, U193, U194, U196, U197, U200, U201, U202, U203, U204, U205, U206, U207, U208, U209, U210, U211, U213, U214, U215, U216, U217, U218, U219, U220, U221, U222, U223, U225, U226, U227, U228, U234, U235, U236, U237, U238, U239, U240, U243, U244, U246, U247, U248, U249, U328, U353, U359



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 12/2019
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Used Oil handlers are any person(s) subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 8 below.)

For the reporting period **January 1, 2021 through December 31, 2021**

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: Triumvirate Environmental Services, Inc. 2. Site Address: 10100 Rocket Blvd, Orlando, FL 32824

3. Telephone No: 407-859-4441 ☐ Check box if any of the above items (1-3) have changed since your last registration.

4. EPA ID No. FLD980558728 5. Name of person preparing report (please print) Randy Troy

6. Title: ETSC 7. Phone number (if different from #3, above) _____

8. Type of operation (**check all that apply**): 9. Email Address: _____

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor

☐ Marketer: ☐ On Spec ☐ Off Spec

☐ Burner (off-specification used oil): ☐ Industrial Furnace ☐ Industrial Boiler ☐ Utility Boiler ☐ Heater

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS). SEE DIRECTIONS BELOW

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
1,260	220,255	0	221,515
0	0	0	
			30,765
			252,280

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
243,500	
243,500	
8,780	

DIRECTIONS FOR SECTION B

- Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
 - In State
 - from Out of State
 - Beginning Inventory from last year's ending amount
 - Enter the total sum of lines a + b + c
- Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- Enter total amount in gallons of Used Oil managed.
- Enter the end-of-year on hand amount (difference between Line 1d and Line 3).

SECTION C USED OIL FILTERS (USE TABLE BELOW FOR CONVERSIONS)	In State	Out of State
1. Number of filters on hand from previous year	0	
2. Number of used oil filters collected	11,850	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	11,850	
4. Disposition of used oil filters collected: <ol style="list-style-type: none"> Transferred to another registered facility Burned for energy recovery at a Waste-To-Energy facility Transferred directly to a metal foundry for recycling TOTAL 	11,850	
5. End of year, on hand estimate (Line 3 minus Line 4d)	0	
6. Gallons of used oil collected as a result of filter processing		
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		
8. Volume of oily waste collected and managed as a result of filter processing <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....		
9. Description of oily waste management		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55-gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One <u>ton</u> of drained used oil filters = approximately <u>2,350</u> used oil filters

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

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

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

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

1. Ironshore Specialty Insurance Company

(Name of Insurer)

(the "Insurer"), of 28 Liberty Street, New York, NY 10005

(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

Triumvirate Environmental Services, Inc.

(Name of Insured)

(the "Insured"), of 3701 SW 47th Avenue, Suite 109, Davie, FL 33314

(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>
FLD 980559728	Triumvirate Environmental Services, Inc.	10100 Rocket Blvd, Orlando, FL 32824

FLD 981018773 Triumvirate Environmental Services, Inc. 3670 SW 47th Ave, Davie, FL 33314

MAC 300016672 Triumvirate Environmental, Inc. 200 Inner Belt Road, Somerville, MA 02143

(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 IEPICB5ZC6002, issued on 12/31/2021.
(date)

The effective date of said policy is 12/31/2021 and the expiration date of said policy
(date)
is 12/31/2022.
(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.

Duca, Jeffrey

Digitally signed by: Duca, Jeffrey
DN: CN = Duca, Jeffrey OU = L.M Users, Mid-Atlantic,
NewYoNY099H, Users
Date: 2022.01.05 14:47:12 -05'00'

(Signature of Authorized Representative of Insurer)

Jeffrey Duca

(Typed name)

Vice President, Regional Underwriting Manager

(Title)

Authorized Representative of

Ironshore Specialty Insurance Company

(Name of Insurer)

175 Berkeley St, Boston, MA 02116

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/31/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center		
	PHONE (A/C No. Ext): 1-877-945-7378	FAX (A/C No.): 1-888-467-2378	
	E-MAIL ADDRESS: certificates@willis.com		
INSURED Triumvirate Environmental Services, Inc. 3701 SW 47th Ave. Ste 109 Davie, FL 33314	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ironshore Specialty Insurance Company		25445
	INSURER B: National Union Fire Insurance Company of P		19445
	INSURER C: AIU Insurance Company		19399
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** W23665140**REVISION NUMBER:**

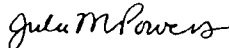
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			IEPICB5ZC6002	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 25,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			AL 1722358	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EELCASCFN8F001	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 25,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 25,000,000
	DED \$ RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 018-32-5750	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Workers Compensation (WI) & Employers Liability Per Statute			WC 018-32-5751	12/31/2021	12/31/2022	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMP \$1,000,000 E.L. DISEASE - POL. LMT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Florida Department of Environmental Protection Waste Management Division - HWRS; 2600 Blair Stone Rd. MS4560 Tallahassee, FL 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Triumvirate Environmental Services, Inc. 3701 SW 47th Ave. Ste 109 Davie, FL 33314	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

10100 Rocket Blvd., Orlando, FL 32824 EPA ID: FLD 980559728

INSURER AFFORDING COVERAGE: AIU Insurance Company

NAIC#: 19399

POLICY NUMBER: WC 018-32-5752 EFF DATE: 12/31/2021 EXP DATE: 12/31/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation (CA)	E.L. EACH ACCIDENT	\$1,000,000
& Employers Liability	E.L. DISEASE - EA EMP	\$1,000,000
Per Statute	E.L. DISEASE-POL. LMT	\$1,000,000

INSURER AFFORDING COVERAGE: AIU Insurance Company

NAIC#: 19399

POLICY NUMBER: AL 1722359 EFF DATE: 12/31/2021 EXP DATE: 12/31/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability (MA)	CSL:	\$2,000,000
Any Auto		

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. Ironshore Specialty Insurance Company, (the "Insurer"),
Name of Insurer
of 175 Berkeley St, Boston MA 02116
Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
Triumvirate Environmental Services, Inc., (the "Insured"), of

Name of Insured
3701 SW 47th Avenue, Suite 109, Davie, FL 33314
Address of Insured

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage applies at

EPA/DEP I.D. No.

Name

Address

<u>FLD980559728</u>	<u>Triumvirate Environmental Services, Inc.</u>	<u>10100 Rocket Boulevard, Orlando, FL 32824</u>
_____	_____	_____
_____	_____	_____

for:

- ☒ sudden accidental occurrences
☐ nonsudden accidental occurrences
☐ sudden and nonsudden accidental occurrences

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$ 1,000,000.00 each occurrence and \$ 2,000,000.00 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number

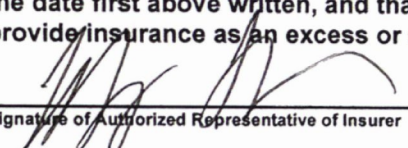
IEPICB5ZC6002, issued on 12/31/2021. The effective date of said policy is 12/31/2022.
Date Date

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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- (c) Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

- (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.
- (e) 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.

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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.



Signature of Authorized Representative of Insurer

Jeffrey Duca

Type name

Vice President

Title

Authorized Representative of

Ironshore Specialty Insurance Company

Name of Insurer

175 Berkeley St, Boston MA 02116

Address of Representative