



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

08/07/2007

Sonny Watson, Owner
Pensacola Recycling Inc
3185 Newton Dr
Pensacola, FL 32503-5106

DEP/EPA ID: **FLR000136861**
LOCATION: **195 E Fairfield Dr, Pensacola.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

Non-handler, Universal Waste Handler

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

A handwritten signature in black ink that reads "Michael X. Redig". The signature is written in a cursive, flowing style.

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 78235

PENSACOLA RECYCLING, INC.

Fluorescent Light, Non & PCB
Ballast, All Types of Batteries
E.P.A. ID # FL000027342



Sonny Watson
President/Owner

3185 Newton Dr. • Pensacola, FL 32503
(850) 432-7833 FAX (850) 432-2442

www.prrcyclinginc@aol.com

Cell (850) 380-6999



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560 RCRA
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8760

RECEIVED
 RCRA
 JUL 13 2007

Date Received: **RECEIVED**
 (for FDEP Official Use Only)
 JUL 13 2007

EPA ID _____ MTS Hazardous Waste Regulation RCRA Info _____

1. Reason for Submittal

Check correct box:

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

To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name
 Pensacola Recycling Inc.

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: Frank (Sonny) H Watson III New Operator
 Date became Operator: 2 / 15 / 1999
 mm dd yy

Street or P.O. Box: 3185 Newton Drive Phone Number: (850) 432-7833

City or Town: Pensacola State: FL Zip Code: 32503

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information

Physical Street Address: 195 East Fairfield Drive

City or Town: Pensacola State: FL Zip Code: 32503

County: Escambia Land Type: Private Federal Municipal
 State Other _____

Latitude: [][] [][] [][] Longitude: [][] [][] [][] Method: _____
 d d m m s s . ssss d d m m s s . ssss Datum: _____

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 561790 B. _____
 C. _____ D. _____

6. Facility Mailing Address

Street Address or P.O. Box: 195 East Fairfield Drive

City or Town: Pensacola State: FL Zip Code: 32503

7. Facility Contact Person

First Name: Frank (Sonny) H Last Name: Watson III Title: Owner

Phone Number: (850) 432-7833 Extension: _____ E-Mail: pensacolarecycling.com

Street or P.O. Box: 3185 Newton Drive

City or Town: Pensacola State: FL Zip Code: 32503

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner: Uncle Bob's Self Storage New Owner
 Date became Owner: ____ / ____ / ____
 mm dd yy

Street or P.O. Box: 195 East Fairfield Drive Phone Number: (850) 433-7638

City or Town: Pensacola State: FL Zip Code: 32503

Owner Type: Private Federal Municipal State Other _____

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(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
- 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
- c. **Conditionally Exempt SQG (CESQG):**
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

- 2. **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.
- 3. **Recycler of Hazardous Waste** (at your facility) Specify:
 Commercial; Non-Commercial. Note: A hazardous waste permit may be required for this activity.
- 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** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP
- 6. **Underground Injection Control**

- 7. **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____

Address _____

Contact: _____ Telephone: _____

Policy Number: _____ Expiration date: _____

- d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

- e. **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste Activities:

- 1. Indicate types of universal waste generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Total quantity of universal waste on site at any time.
 - a. 5,000 kg or more; Large Quantity Handler (LQH)
 - b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
 - c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)
- 3. **Destination Facility for Universal Waste**
Note: For this activity, a facility must treat, dispose or recycle a universal waste. A facility must either have a hazardous waste permit or recycle the universal waste without storing it.

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):

C. Used Oil Activities:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Used Oil Transporter - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p>3. <input type="checkbox"/> Off-Specification Used Oil Burner</p> | <p>4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner</p> <p><input type="checkbox"/> b. Marketer who first claims the used oil meets the specifications</p> <p>5. <input type="checkbox"/> Used Oil Generator</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- D. Other State Regulated Waste Activities:** **1. Used Oil Filter Handler** **2. PCW Handler**
- These activities may require additional submissions.

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, U112). Hazardous waste transporters list codes **routinely** or **usually** transported. Use 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
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in the appropriate boxes):

A. Non-Handler of Regulated Waste at this facility

1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
2. Waste generated by business has been delisted.
3. Other (explain) _____

B. Facility Closed

1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
- Contact _____ Phone _____
- Address _____
- City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

12. Comments:

13. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
<i>Frank H. Watson #5</i>	FRANK (SONNY) H WATSON III	FEB 15, 2007

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

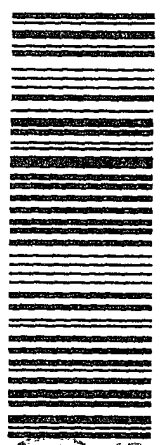
*I FAXED THIS TO JOHN ON FEB 15, 2007
I'm FAXING IT AGAIN. JULY 10, 2007*

*Sonny
Watson*

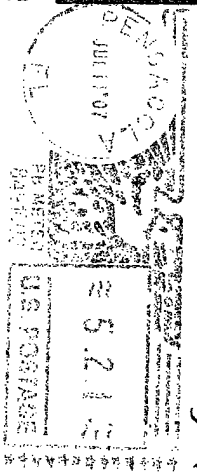


PENSACOLA RECYCLING INC
3185 NEWTON DR.
PENSACOLA, FLORIDA 32503

CERTIFIED MAIL



7003 1680 0001 1104 4002



5.21

RETURN RECEIPT
REQUESTED

RECEIVED

JUL 13 2007

ENVIRONMENTAL

Hazardous Waste Management Section
ATT. LAWRENCE J. TERRELL
2600 Blaine Stone Road NE 4555
Turning Towers Building
Tallahassee, FL 32399-2400

323992542 0001

