



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

06/20/2008

Brent Nozaki, HSE Manager
Cummins Power South LLC
5125 Highway 85
Atlanta, GA 30349-5976

DEP/EPA ID: **FLD982159162**
LOCATION: **2671 Edison Ave, Fort Myers.**

Based on the information supplied by you, we have processed and accepted your request for the following status change under RCRA. The status of the facility identified with the above DEP/EPA identification number has been changed to:

Conditionally Exempt SQG

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE TRANSPORTERS AND TSDs.

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,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 59113
Email Address: brent.m.nozaki@cummins.com

Cummins Power South, LLC
5125 Highway 85
Atlanta, GA 30349
Tel: 404 763 0151



**Power
South**

RECEIVED

JUN 16 2008

June 9, 2008

BY: BSHW

Florida DEP
Waste Management Division – HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ref: Cummins Power South LLC
Florida Notification of Regulated Waste Activity Forms

Dear Sirs,

Enclosed please find Florida Notification of Regulated Waste Activity Forms for the following Cummins Power South LLC facilities:

FLD046702122	5910 E Hillsborough Avenue, Tampa, Hillsborough County, FL 33610
FLD981866718	9900 NW 77 Court, Hialeah Gardens, Dade County, FL 33016
FLD982091175	2050 W 21st Street, Jacksonville, Duval County, FL 32209
FLD982091282	4820 N Orange Blossom Trail, Orlando, Orange County, FL 32810
FLD982159162	2671 East Edison Ave, Fort Myers, Lee County, FL 33916
FLR000133629	321 S.W. 52nd Avenue Ocala, Marion County, FL 34474
New Application 33404	3777 Interstate Park Road North, West Palm Beach, Palm Beach County, FL

If there are any questions, please contact me at 404-765-5131.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Brent Nozaki'.

Brent Nozaki, CHMM

FL DEP 050808

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760Date Received
(for FDEP Official Use Only)

JUN 16 2008

EPA ID

FLD 982159162

MTS

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

Name of Operator:

Cummins Power South LLC

☐ New OperatorDate became Operator: 10 / 03 / 2005
mm dd yyyy

Street or P.O. Box:

5125 Hwy 85

Phone Number:

404-765-0151

City or Town:

Atlanta

State: GA

Zip Code:

30349

Operator Type:

☒ Private☐ Federal☐ Municipal☐ State☐ Other**4. Facility Physical
Location
Information**

Physical Street Address:

42671 East Edison Ave

City or Town:

Fort Myers

State: FL

Zip Code:

County:

Lee

Land Type: ☒ Private☐ Federal☐ Municipal☐ State ☐ Other

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

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

A.

423830

B.

C.

D.

**6. Facility Mailing
Address**

Street Address or P.O. Box:

Same

City or Town:

State:

Zip Code:

**7. Facility Contact
Person**

First Name:

Brent

Last Name:

Nozaki

Title:

HSE Mgr

Phone Number:

404-765-5131

Extension:

E-Mail: brent.m.nozaki@cummins.com

Street or P.O. Box:

5125 Hwy 85

City or Town:

Atlanta

State: GA

Zip Code:

30349

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

Name of Real Property Owner:

Cummins Power South LLC

☐ New OwnerDate became Owner: 10 / 03 / 2005
mm dd yyyy

Street or P.O. Box:

5125 Hwy 85

Phone Number:

404-765-0151

City or Town:

Atlanta

State: GA

Zip Code:

30349

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 (UW) Activities:

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

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

2. Maximum quantity of UW handled/transported 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 UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☐ **Transporter of UW**

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☐ a. Transporter
☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- ☐ a. Processor
☐ b. Re-refiner

3. ☐ Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
☐ b. Marketer who first claims the used oil meets the specifications

5. ☒ Used Oil Generator**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>Geoffrey S. Walker</i>	<i>GEOFFREY S. WALKER, VP OPS</i>	<i>06/10/08</i>

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: