



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

08/03/2010

Joe Doremus, President
Secure Waste Disposal Inc
PO Box 540417
Orlando, FL 32854-0417

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Secure Waste Disposal Inc** located at **6357 All American Blvd, Orlando , FL32810**

FLR000143313

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG; Small Quantity Handler, Universal Pharmaceutical Transporter.**

Your facility is **currently registered** for the following activities: **None.**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000143313.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,

FOR

Timothy J. Bahr, Administrator
Hazardous Waste Regulation Section

ME ID: 82766 , Email Address: jdoremus@securewaste.com



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

Date Received (Official Use Only)
Received
JUL 26 2010
BSHW
 CRAInfo

EPA ID **FLR000143313**

MTS

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 **SECURE WASTE DISPOSAL INC**

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

Name of Operator: **SECURE WASTE DISPOSAL INC** New Operator
 Date became Operator: ___/___/___ mm dd yyyy

Street or P.O. Box: **PO BOX 540417** Phone Number: **407-850-1010**

City or Town: **ORLANDO** State: **FL** Zip Code: **32854**

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: **6357 ALL AMERICAN BLVD**

City or Town: **ORLANDO** State: **FL** Zip Code: **32810**

County: **ORANGE** Land Type: Private Federal Municipal State Other

Latitude: ___ . ___ Longitude: ___ . ___ Method: ___ Datum: ___

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

A. **562920** B. _____

C. **562112** D. _____

6. Facility Mailing Address

Street Address or P.O. Box: **PO BOX 540417**

City or Town: **ORLANDO** State: **FL** Zip Code: **32854**

7. Facility Contact Person

First Name: **JOE** Last Name: **DOREMUS** Title: **PRES**

Phone Number: **407 850 1010** Extension: _____ E-Mail: **jdoremus@securewaste.com**

Street or P.O. Box: **PO BOX 540417**

City or Town: **ORLANDO** State: **FL** Zip Code: **32854**

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

Name of Real Property Owner: **All American Warehouse LLC** New Owner
 Date became Owner: ___/___/___ mm dd yyyy

Street or P.O. Box: **105 E ROBINSON ST** Phone Number: **407-206 5736**

City or Town: **Orlando** State: **FL** Zip Code: **32801**

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 Rockh. Insurance Company / Sible Insurance Group.
Address PO Box 160398
Altamonte Springs FL 32716
Contact: Larry Mc Lane Telephone: 407-869-0962
Policy Number: RICPLE 00320400 Expiration date: 5/1/11

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)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input 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 type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input checked="" 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:

- | | |
|--|---|
| <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)
	JOE JOSEPHS	7/16/10

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:



CERTIFICATE OF LIABILITY INSURANCE

OP ID, BH
SECUR-7

DATE (MM/DD/YYYY)

06/21/10

PRODUCER SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716 Phone: 407-869-0962 Fax: 407-774-0936		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Secure Waste Disposal, Inc. PO Box 540417 Orlando FL 32854		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A Rockhill Insurance Company	
		INSURER B:	
		INSURER C	
		INSURER D	
		INSURER E	

COVERAGES


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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RCPLE00320400	05/01/10	05/01/11	EACH OCCURRENCE	\$ 1000000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$	
		MED EXP (Any one person)				\$	
		PERSONAL & ADV INJURY				\$	
		GENERAL AGGREGATE				\$ 1000000	
		PRODUCTS - COMP/OP AGG				\$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				PROPERTY DAMAGE (Per accident)	\$
		OTHER				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATUTORY LIMITS	OTHER
						E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION PURPOSES ONLY FAX CERTIFICATE REQUESTS TO Debra AT 407-389-3505 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX FL XXXXXXXXXXXXXXX	INFOPUR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	----------------	---

ACORD 25 (2009/01)

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD