

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

08/04/2010

Jeff Davis, Director of Operations B & D Biomedical Waste Services 2401 NW 16th Blvd Okeechobee, FL 34972-2010

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 **B & D Biomedical Waste Services** located at **2401 NW 16th Blvd**, **Okeechobee**, **FL34972-2010**

FLR000166686

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: HW Transporter (reg exp on 05/14/11) .

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=FLR000166686. For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,

Timothy J. Bahr, Administrator Hazardous Waste Regulation Section

Liver M Ghu

ME ID: 94190, Email Address: bd_biowaste@yahoo.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 (for FDET Strive cise Only)

JUN 0 7 2010

BSHW

EPA ID			MTS			RCRAI	nfo	
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal v To provide <u>subsection</u> information).	notification (to obtain waste, or used oil activinguent notification (to etification (see instruct	ties). update sta	atus and	d facility ident		
2. Facility or Business Name	B8		FEID	No.				
3. Facility Operator (List additional Operators in the	Name of Operator: Jeff Davis				New Operator Date became Operator: 03 / 01 / 10 mm dd yy			
comments section).	Street or P.O. Box: 2401 n.w. 16th blvd				Phone	e Number: 8	363-763-325	
	City or Town:	State:	fl	Zip Code:	34972			
	Operator Type: Private Federal Municipal State Other							
4. Facility Physical Location Information	Physical Street Address: 2401 n.w. 16th blvd							
	City or Town: okeechobee				fl	Zip Code:	34972	
	County: Okeechobee If available, ple boundaries.				ease attach a map or sketch of the facility			
	Latitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:							
5. Facility North Am Classification Syst Code(s)				B. D.				
6. Facility or	Street Address or P.O. Box: po box 1309							
Business Mailing Address	City or Town: okeechobee			State:	fl	Zip Code:	34973	
7. Facility or Business Contact	First Name:	Jeff	Last Name:	Davis		1	rector of	
Person	Phone Number:	863-763-3259	Extension: #1	E-Mail:	bo	t_biowaste@	yahoo.com	
	Street or P.O. Box: 2401 n.w. 16th blvd							
	City or Town: okeechobee				fl	Zip Code:	34972	
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: David Williams			New Owner Date became Owner: 09 / 01 / 09 mm dd yy				
Physical Location (List additional	Street or P.O. Box: 2401 nw 16th blvd Phone Number: 863-763-3					63-763-325		
• •	City or Town: Okeechobee				FI	Zip Code:	34972	
section.)	Owner Type: Private Federal Municipal State Other							

	EPA ID No.						
9. Type of Regulated Waste Activity (Mark 'X' in all tha	at apply):						
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in 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 	 (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 						
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. Operating Non-commercial TSD c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)						
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	(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial: Non-Commercial. 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						
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	(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.						
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.						
(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own							
c. Hazardous Waste Transporter Insurance Information Insurance Company Mar Address po	c. Hazardous Waste Transporter Insurance Information Insurance Company Marcum and Associates						
okeechobee fl 34973 Contact Billy Marcum	Telephone 863-467-0331						
Contact Billy Marcum Policy Number 74TRS012144	Telephone 863-467-0331 Expiration date 10-26-2010						
d. Transportation Mode Air Rail Highway							
e. Hazardous Waste Transfer Facility:	Storage Volume						
☐ Initial notification							
The following items are required to be submitted with the initial notification for a transfer facility [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.] ☐ Notification of changes in above items							
Annual update notification							

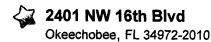
A MANTEN AND AND AND AND AND AND AND AND AND AN	4							
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):								
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated								
Small Quantity Handler (SQH) = always less than 5,000 kg accu	Small Quantity Handler (SQH) = always less than 5,000 kg accumulated							
Mercury-containing devices LQH = 100 kg (220 lb) or more ac	cumulated by for-hire handler							
Mercury-containing devices SQH = less than 100 kg accumulate	Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler							
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler								
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler							
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]								
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated							
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated							
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated							
HILLHOF THOSE MIGHGOLD I (see note in 1	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.							
a. Batteries								
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing Devices								
e. Mercury Containing Lamps								
• · · · · · · · · · · · · · · · · · · ·	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]							
(4) Reverse Distributor of UW Pharmaceuticals	☐ Lamps ☐ Devices ☐							
(5) Destination Facility for UW Note: for this activi storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.							
	8) Specific Certification to be signed by all Used Oil Transporters							
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial							
☐ a. Transporter ☐ b. Transfer Facility	responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the							
(2) Collection Center	orginally approved training program, they are explained in attachments to							
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of							
	Liability Insurance, DEP form 62-710.901(4), F.A.C.							
(5) Used Oil Fuel Marketer								
(6) Used Oil Filter a. Transporter								
b. Transfer Facility	Signature of Authorized Person							
c. Processor								
☐ d. End User	Print Name of Authorized Person							
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-								
Specification Burners and Marketers must pay an annual \$100								
registration fee. Used Oil Processors are exempt from this fee. If	(9) The records required under the provisions of Rule 62-710.510,							
	F.A.C., are kept at (check one):							
A check is enclosed.	Our mailing (business) address The site (facility) address							
	` **							

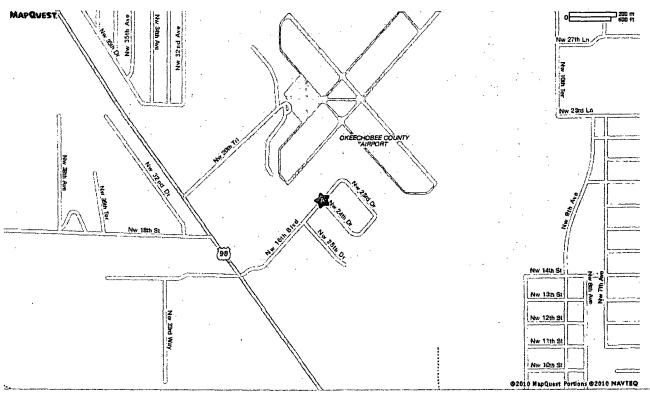
	EPA ID No.							
D. Oth	D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.							
10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous 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.								
, c	O11	² DOO9	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. O	her Statu	is Changes (Ma	ark 'X' in all that a	ipply)			<u> </u>	
	(2) Waste generated by business has been delisted.							
 B. Facility Closed □ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there. □ (2) Out of Business - Business closed on								
	Contact Phone Address City, State, Zip							
	C. Property Tax Default							
12. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.								
Signature of owner, operator, or an authorized representative			Print Name and Title			Date Signed (mm-dd-yyyy)		
(Jufferson () Plains			Jeff Davis			06-04-10		
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:								
(Name of person completing this form)				(Pho	hone Number) (E-mail Address)			ress)
13. Comments: May Transport Hazardous Waste and/or Pharmaceuticals w/ various waste codes.								

×

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.





Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

Applying For Haradous Waste Transporter. DET # Please

Poor Original