

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FL		Site Name		Florida Power & Light		New Site Contact?		Dan Rawson		Phone:		5101-845-3344	
form		recv pages		Submission Paper Disk		Quality Control initial date		QC error pages		Data Entry initial date		Transfer Initial Date			
Receipt and Data Entry	SI	3		X	X	BT	2/24					96	2/26		
	GM	14		X	X			im balance							
	WR														
	OI	2		X	X										
form		page	sub pg	Action Item		QC init date		Site Contact date		Corrective Action		data entry initial date		DE Comment	
Data entry or Basic edit errors	GM	5	(8)	FLD-H129		JG	2/26	Dan Rawson	3/3	(H141)	96	3/3	MSG 3/1		
	GM	12	(15)	Gen 5410			3/1	Travis	3/3	1455			WML call or re-sub 3/5		
							7/12	Wher							
	GM	2,10	12	Missing facility				Dan		Add to			sent email 7/15		
				on OI ID#				Rawson		OI					
				NCD986166338											
				WAITING FOR				EMAIL RESPONSE		ATTACHED	7/15	(H141)			
				HARD COPY (MAIL)			7/20			76	7/20	RECEIVED	7/20 (attached)		
Advanced Edit Errors															

DATA ENTRY/FILING ASSIGNMENT:

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: FLD000807792	
3. Site Name (see instructions on page 11)	Site Name: Florida Power & Light	
4. Site Location Information (see instructions on page 10)	Street Address: 2455 Port West Blvd HAZARDOUS WASTE	
	City, Town or Village: West Palm Beach	State: FL
	County Name: PALM BEACH	Zip Code: 33407
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 221122	B.
	C.	D.
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 2455 Port West Blvd	
	City, Town or Village: West Palm Beach	
	State: FL	
	Country: UNITED STATES	Zip Code: 33407
8. Site Contact Person (see instructions on page 11)	First Name: Dan MI: M	Last Name: Rawson
	Phone Number: 5618453344 Extension:	Email Address: d_m_rawson@fpl.com
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: Florida Power & Light	
	Date Became Operator (mm/dd/yyyy): 12/14/1979	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Name of Site's Legal Owner: Florida Power & Light	Date Became Owner (mm/dd/yyyy): 12/14/1979	
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P.O. Box: 2455 Port West Blvd	
	City, Town or Village: West Palm Beach	
	State: FL	
	Country: UNITED STATES	Zip Code: 33407

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☒ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ **2. Transporter of Hazardous Waste**

Y ☐ N ☒ **3. Treater, Storer or Disposer of Hazardous Waste (at your site)**
Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☒ **5. Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-Site Burner Exemption

☐ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☒ N ☐ **1. Used Oil Transporter**
If "Yes", mark each that applies.

☒ a. Transporter

☒ b. Transfer Facility

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☒ N ☐ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

☒ 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

11. Description of Hazardous Wastes (see instructions on page 16)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D006	D008	D009	D019	D035
D039	F002	F003	F005	LABP		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

Lead Acid Batteries are being managed under 40 CFR Subpart G 266.80

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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Kathleen M Oreilly, Mgr Pow Sys Env	02/11/2004
	<i>Kathleen M. Oreilly</i>	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Ash generated from metals reclaiming furnace, contains lead & cadmium		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D006 D008			
NA NA NA			
D. Source Code	E. Form Code	F. Quantity Generated in reporting year	H. UOM
G09			3
Management Method Code for Source Code G25		300.000000	Density
W307			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site?	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
	<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	ALD000622464	H111	300.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: sec1, box d, furnace used to clean and degrease metals

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**WASTE GENERATION
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Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Aerosol cans, out of date, off spec, non functional cans with residual ignitable			
B. EPA Hazardous Waste Codes D001 D019 D035 NA NA		C. State Hazardous Waste Codes FEB 24 2004		
D. Source Code G06 Management Method Code for Source Code G25		E. Form Code W211	F. Quantity Generated in reporting year 1,194.000000 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1 On-site Management Method Code Quantity treated, disposed or recycled on-site		ON-SITE PROCESS SYSTEM 2 On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped NCD986166338	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 1,194.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

SEC 1, Box D, WASTE RESULTED FROM OFF SPEC, SPENT, OUT OF DATE MATERIAL

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**WASTE GENERATION
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Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Paint thinner residue from aerosol & paint cans (aerosols residual recovered by an automated recovery system) ignitable, xylene & toluene			
B. EPA Hazardous Waste Codes D001 F002 F003 F005 NA		C. State Hazardous Waste Codes		
D. Source Code G06 Management Method Code for Source Code G25		E. Form Code W209	F. Quantity Generated in reporting year 388.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1 On-site Management Method Code Quantity treated, disposed or recycled on-site		ON-SITE PROCESS SYSTEM 2 On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped GAD096629282	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped (page 26) 388.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: SEC 1 BOX D, WASTE RESULTED FROM AUTOMATED RECOVERY PROCESS

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**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Degreasing ops for electrical cable connectors, nuts, bolts, fittings & hardware, monethanolamine			
B. EPA Hazardous Waste Codes D006 D008 D018 D027 D038		C. State Hazardous Waste Codes		
D. Source Code G09 Management Method Code for Source Code G25		E. Form Code W203	F. Quantity Generated in reporting year 31.000000	H. UOM 5 Density 7.90 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1 On-site Management Method Code Quantity treated, disposed or recycled on-site		ON-SITE PROCESS SYSTEM 2 On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped FLD984167791	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 31.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: SEC 1, BOX D, degreasing of parts for return to inventory
 Section 1, Box B, D039, D040.

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EPA ID NO: FLD000807792



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U.S. ENVIRONMENTAL
PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Degreasing ops for cable connectors, nut, bolts, fittings & hardware (Petroleum Naptha)		
	B. EPA Hazardous Waste Codes D039 NA NA NA NA		
C. State Hazardous Waste Codes		D. Source Code G09 Management Method Code for Source Code G25	
E. Form Code W203		F. Quantity Generated in reporting year 67.000000	H. UOM 5 Density 6.70 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
	ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2
On-site Management Method Code		On-site Management Method Code
Quantity treated, disposed or recycled on-site		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
	Site 1	B. EPA ID No. of facility to which waste was shipped FLD984167791	C. Off-site Management Method Code Shipped to H129
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: section 1 box d, G09 degreasing of parts for return to inventory

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Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Spent Bead Blast generated from the blasting of parts for a return to inventory		
	B. EPA Hazardous Waste Codes D006 D008 NA NA NA		C. State Hazardous Waste Codes
D. Source Code G09 Management Method Code for Source Code G25	E. Form Code W409	F. Quantity Generated in reporting year 4,264.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
	ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2
On-site Management Method Code		On-site Management Method Code
Quantity treated, disposed or recycled on-site		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
	Site 1	Site 2	Site 3
B. EPA ID No. of facility to which waste was shipped	B. EPA ID No. of facility to which waste was shipped	B. EPA ID No. of facility to which waste was shipped	D. Total quantity shipped (page 26)
ALD000622464			4,264.000000
C. Off-site Management Method Code Shipped to	C. Off-site Management Method Code Shipped to	C. Off-site Management Method Code Shipped to	
H132			

Comments: Section E, Spent bead blast from the blasting of used parts for return to inventory

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Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Waste rags, pads, brushes used in degreasing process			
B. EPA Hazardous Waste Codes		D008 F003 F005 NA NA		C. State Hazardous Waste Codes
D. Source Code G09 Management Method Code for Source Code G25		E. Form Code W002	F. Quantity Generated in reporting year 43.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code		Quantity treated, disposed or recycled on-site		On-site Management Method Code
				Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped GAD096629282	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 43.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments: Sec 1 box D, waste rags, pads, brushes used to clean and degrease parts for return to inventory

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Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Waste from transformer oil testing, glass, rags, gloves, etc. Contains acetonitrile & toluene		
B. EPA Hazardous Waste Codes D001 F003 F005 NA NA		C. State Hazardous Waste Codes	
D. Source Code G22 Management Method Code for Source Code G25		E. Form Code W319	F. Quantity Generated in reporting year 143.000000
			H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ALD000622464	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 143.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

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Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Liquid filled vials & solid waste generated during the analysis of soil, oil & water for pcb, semi volatiles, ignitable & corrosive		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D001 D002 F002 NA NA			
D. Source Code G22 Management Method Code for Source Code G25		E. Form Code W203	F. Quantity Generated in reporting year 1,380.000000
		H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code Quantity treated, disposed or recycled on-site		On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped ALD000622464	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 1,380.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

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Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Aqueous waste generated during water, soil & solid lab analysis that exceeds pretreatment standards contains metals in acidic solution			
	B. EPA Hazardous Waste Codes D002 D009 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G22 Management Method Code for Source Code G25	E. Form Code W105	F. Quantity Generated in reporting year 542.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code		Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
	Site 1	B. EPA ID No. of facility to which waste was shipped NCD986166338	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 542.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Non chlorinated waste solvents generated during fuel oil, lube oil lab analysis, ignitable, contains xylene and toluene		
B. EPA Hazardous Waste Codes D001 D035 F003 F005 NA		C. State Hazardous Waste Codes	
D. Source Code G22 Management Method Code for Source Code G25		E. Form Code W203	F. Quantity Generated in reporting year 78.000000
			H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code Quantity treated, disposed or recycled on-site		On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped GAD096629282	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped (page 26) 78.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



FORM
GM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Outdated, off spec, spent, not usable, labpack		
	B. EPA Hazardous Waste Codes D001 D002 U044 U123 U134		C. State Hazardous Waste Codes
D. Source Code G11 Management Method Code for Source Code G25	E. Form Code W001	F. Quantity Generated in reporting year 1,597.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
	ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2
On-site Management Method Code		On-site Management Method Code
Quantity treated, disposed or recycled on-site		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
	Site 1	Site 2	Site 3
B. EPA ID No. of facility to which waste was shipped NCD986166338	B. EPA ID No. of facility to which waste was shipped	B. EPA ID No. of facility to which waste was shipped	D. Total quantity shipped (page 26) 1455 364.000000
C. Off-site Management Method Code Shipped to H141	C. Off-site Management Method Code Shipped to	C. Off-site Management Method Code Shipped to	

Comments: Section 1, Box B, U144, U154, U219.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Outdated, off spec, spent, not usable, labpack			
B. EPA Hazardous Waste Codes		F003	F005	C. State Hazardous Waste Codes
NA		NA	NA	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code W001	F. Quantity Generated in reporting year 7.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site	

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped GAD096629282	C. Off-site Management Method Code Shipped to H141	D. Total quantity shipped (page 26) 7.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



FORM
GM

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Outdated, off spec, spent, not usable, labpack			
B. EPA Hazardous Waste Codes		F002 F003		C. State Hazardous Waste Codes
NA NA NA				
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code W001	F. Quantity Generated in reporting year 182.000000	H. UOM 3 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method Code		Quantity treated, disposed or recycled on-site		On-site Management Method Code
				Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped GAD096629282	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped (page 26) 182.000000	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter NJD080631369	B. Name of off-site installation or transporter Onyx Environmental Services, L.L.C.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 3 Gold Mine Rd City Flanders Zip 07836 State NJ	
Site 2	A. EPA ID No. of off-site installation or transporter TXR000050930	B. Name of off-site installation or transporter Safety Kleen Systems, Inc.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5400 Legacy Drive II Bldg. 3 City Plano Zip 75024 State TX	
Site 3	A. EPA ID No. of off-site installation or transporter FLD984167791	B. Name of off-site installation or transporter Safety Kleen Systems, Inc.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5610 Alpha Drive City Boynton Beach Zip 33426 State FL	
Site 4	A. EPA ID No. of off-site installation or transporter GAD096629282	B. Name of off-site installation or transporter Onyx Environmental Services L.L.C.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5371 Cook Road City Morrow Zip 30260 State GA	
Site 5	A. EPA ID No. of off-site installation or transporter ALD000622464	B. Name of off-site installation or transporter Chemical Waste Management	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street Alabama Hwy. 17 @ Mile Marker 17 City Emelle Zip 35459 State AL	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter NJD054126164	B. Name of off-site installation or transporter Freehold Cartage Inc	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 825 Hwy 33 East City Freehold Zip 07728 State NJ	
Site 2	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	

Comments:

Fisher, Rebecca

From: Travis_Usher@fpl.com
Sent: Thursday, July 15, 2004 2:47 PM
To: Fisher, Rebecca
Subject: HAZARDOUS WASTE REPORT-DEP

I have the corrected forms and will mail them out tomorrow. Please feel free to call me if you have any questions or concerns at 561-845-4973

Thanks, Travis

----- Forwarded by Travis Usher/PS/FPL on 07/15/2004 02:53 PM -----

D M Rawson

07/15/2004 02:39
PM

To: Travis Usher/PS/FPL@FPL
cc:
Subject: HAZARDOUS WASTE REPORT-DEP

Travis,

Please drop everything and obtain the document in question. Please contact her as soon as you determine what is wrong/missing and how we are to respond to her.

Dan

----- Forwarded by D M Rawson/PS/FPL on 07/15/2004 02:36 PM -----

"Fisher, Rebecca"
<Rebecca.Fisher@dep.s
tate.fl.us>

07/15/2004 02:22 PM

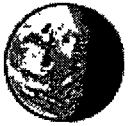
To: d_m_rawson@fpl.com
cc:
Subject: HAZARDOUS WASTE REPORT-DEP

THIS IS AN ATTEMPT TO NOTIFY YOU THAT AN ERROR HAS BEEN FOUND ON YOUR HAZARDOUS WASTE REPORT. THE ERROR IS LISTED BELOW.

1. THE FACILITY CORRESPONDING TO THE EPA ID# NCD986166338 IS MISSING FROM YOUR FORM OI.

PLEASE CONTACT ME IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THE ERROR AND TO LET ME KNOW THAT THE CORRECT CHANGES HAVE BEEN MADE AND MAILED TO THE FLDEP.

THANK YOU,



"Fisher, Rebecca"
<Rebecca.Fisher@dep.
state.fl.us>

To: Travis_Usher@fpl.com
cc:
Subject: RE: HAZARDOUS WASTE REPORT-DEP

07/15/2004 03:49 PM

RECEIVED

JUL 19 2004

HAZARDOUS WASTE

THANK YOU. I WILL KEEP MY EYE OUT FOR THEM.

-----Original Message-----

From: Travis_Usher@fpl.com [mailto:Travis_Usher@fpl.com]
Sent: Thursday, July 15, 2004 2:47 PM
To: Fisher, Rebecca
Subject: HAZARDOUS WASTE REPORT-DEP

I have the corrected forms and will mail them out tomorrow. Please feel free to call me if you have any questions or concerns at 561-845-4973

Thanks, Travis

----- Forwarded by Travis Usher/PS/FPL on 07/15/2004 02:53 PM -----

D M Rawson

Usher/PS/FPL@FPL

07/15/2004 02:39

To: Travis

cc:

PM

Subject: HAZARDOUS WASTE

REPORT-DEP

Travis,

Please drop everything and obtain the document in question. Please contact her as soon as you determine what is wrong/missing and how we are to respond to her.

Dan

----- Forwarded by D M Rawson/PS/FPL on 07/15/2004 02:36 PM -----

"Fisher, Rebecca"

d_m_rawson@fpl.com

<Rebecca.Fisher@dep.s

To:

tate.fl.us>

cc:

Subject: HAZARDOUS WASTE

REPORT-DEP

07/15/2004 02:22 PM

THIS IS AN ATTEMPT TO NOTIFY YOU THAT AN ERROR HAS BEEN FOUND ON YOUR
HAZARDOUS WASTE REPORT. THE ERROR IS LISTED BELOW.

1. THE FACILITY CORRESPONDING TO THE EPA ID# NCD986166338 IS MISSING
FROM YOUR FORM OI.

PLEASE CONTACT ME IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THE ERROR AND
TO LET ME KNOW THAT THE CORRECT CHANGES HAVE BEEN MADE AND MAILED TO THE
FLDEP.

THANK YOU,

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter NJD080631369	B. Name of off-site installation or transporter Onyx Environmental Services, L.L.C.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 3 Gold Mine Rd City Flanders State NJ Zip 07836	
Site 2	A. EPA ID No. of off-site installation or transporter TXR000050930	B. Name of off-site installation or transporter Safety Kleen Systems, Inc.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5400 Legacy Drive II Bldg. 3 City Plano State TX Zip 75024	
Site 3	A. EPA ID No. of off-site installation or transporter FLD984167791	B. Name of off-site installation or transporter Safety Kleen Systems, Inc.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5610 Alpha Drive City Boynton Beach State FL Zip 33426	
Site 4	A. EPA ID No. of off-site installation or transporter GAD096629282	B. Name of off-site installation or transporter Onyx Environmental Services L.L.C.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5371 Cook Road City Morrow State GA Zip 30260	
Site 5	A. EPA ID No. of off-site installation or transporter ALD000622464	B. Name of off-site installation or transporter Chemical Waste Management	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street Alabama Hwy. 17 @ Mile Marker 17 City Emelle State AL Zip 35459	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Florida Power & Light

EPA ID NO: FLD000807792



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter NJ054126164	B. Name of off-site installation or transporter Freehold Cartage Inc
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 825 Hwy 33 East City Freehold Zip 07728 State NJ	
Site 2	A. EPA ID No. of off-site installation or transporter NCD986166338	B. Name of off-site installation or transporter Onyx Environmental Services, L.L.C.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 2176 Will Suitt Road City Creedmore, NC Zip 27522 State NC	
Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	

Comments: