



## Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi A. Drew  
Secretary

09/20/2010

Kenneth Graden, Owner  
Independent Waste Oil Inc  
343 Dennard Ave  
Jacksonville, FL 32254-3401

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 **Independent Waste Oil Inc** located at **343 Dennard Ave # B, Jacksonville , FL32254-3401**

**FLR000009563**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/11).**

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=FLR000009563](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000009563).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

  
FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 59611 , Email Address: [iwojax@yahoo.com](mailto:iwojax@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

**Received**

Date Received  
(for EPCRA 9001 Use Only)  
**SEP 07 2010**

**BSHW**

EPA ID	F	L	R	0	0	0	0	0	9	5	6	3	MTS	RCRAInfo
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1 Reason for Submittal	Mark 'X' in correct box	<input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste universal waste or used oil activities)
		<input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information)
		<input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility?

2 Facility or Business Name	INDEPENDENT WASTE OIL, INC	FEID No	5	9	2	4	9	9	0	5	6
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3 Facility Operator (List additional Operators in the comments section)	Name of Operator	<input type="checkbox"/> New Operator	
	KENNETH WAYNE GRADEN	Date became Operator ____/____/____ mm dd yy	
	Street or P O Box	Phone Number	
	343 DENNARD AVENUE	904-781-8903	
	City or Town	State	Zip Code
	JACKSONVILLE, FL	FL	32254
	Operator Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

4 Facility Physical Location Information	Physical Street Address		
	343 DENNARD AVENUE		
	City or Town	State	Zip Code
	JACKSONVILLE	FL	32254
	County Choose ____	If available, please attach a map or sketch of the facility boundaries	
	DUVAL		
	Latitude ____ Longitude ____ Method ____ dd mm ss ssss dd mm ss ssss Datum		

5 Facility North American Industry Classification System (NAICS) Code(s)	A	B
	C	D

6 Facility or Business Mailing Address	Street Address or P O Box		
	343 DENNARD AVENUE		
	City or Town	State	Zip Code
	JACKSONVILLE	FL	32254

7 Facility or Business Contact Person	First Name	Last Name	Title
	KENNETH	GRADEN	OWNER/PRES
	Phone Number	Extension	E-Mail
	904-781-8903	—	IWOJAX@YAHOO.COM
	Street or P O Box		
	343 DENNARD AVENUE		
	City or Town	State	Zip Code
	JACKSONVILLE	FL	32254

8 Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section)	Name of Real Property (Land) Owner	<input type="checkbox"/> New Owner	
		Date became Owner ____/____/____ mm dd yy	
	Street or P O Box	Phone Number	
	City or Town	State	Zip Code
	Owner Type <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____		

**9 Type of Regulated Waste Activity ( Mark 'X' in all that apply)****A Hazardous Waste Activities****(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 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

For Items 2 through 7, mark 'X' in all that apply

**(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
- ☐ b Operating Non commercial TSD
- ☐ c Non-operating Postclosure or Corrective Action Permit or Consent Order (HSWA etc )

**(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

**(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****(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 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 \_\_\_\_\_☐ **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**

**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 accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ 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 lamps) accumulated by for-hire handler
- [Note 4 lamps = 1 kg 62-737 200(10)]
- ☐ Pharmaceuticals LQH = 5 000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2 2 lb) of acutely hazardous ( 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

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time
a Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**(3) Mercury Recovery and/or Reclamation Facility** ☐ Note A hazardous waste permit is required for this activity [Rule 62 737 800 F A C ]  
[Chapter 62 737 F A C ]

**(4) Reverse Distributor of UW** ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

**(5) Destination Facility for UW** ☐ Note for this activity a facility must treat dispose or recycle a UW A permit is required for storage prior to recycling

**C Used Oil Activities****(1) Used Oil Transporter - indicate type(s) of activity(ies)**

- ☒ a Transporter
- ☒ b Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor (A permit is required for this activity )****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a Transporter
- ☒ b Transfer Facility
- ☐ c Processor
- ☐ d End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial 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 originally approved training program they are explained in attachments to 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

  
Signature of Authorized Person

**KENNETH WAYNE GRADEN**

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 applicable enclose a check or money order in the amount of \$100 payable to Florida Department of Environmental Protection**

☒ A check is enclosed

**(9) The records required under the provisions of Rule 62-710 510 F A C are kept at (check one)**

- ☐ our mailing (business) address
- ☒ The site (facility) address

**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

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 all that apply)****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) Per Kenneth Graden, the facility only transports Used Oil

**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 \_\_\_\_\_ (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 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)


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) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(E-mail Address) \_\_\_\_\_

**13 Comments**

EPA ID No						
<b>D Other State Regulated Waste Activities</b> <input type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity						
<b>10 Waste Codes for Federally Regulated Hazardous Wastes</b> 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
<b>11 Other Status Changes (Mark 'X' in all that apply)</b>						
<b>A Non-Handler of Regulated Waste at This Facility</b> <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted <input type="checkbox"/> (3) Other (explain) _____						
<b>B Facility Closed</b> <input type="checkbox"/> (1) Closed at this location and <b>moved or moving</b> to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there <input type="checkbox"/> (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 _____						
<input type="checkbox"/> <b>C Property Tax Default</b>			<input type="checkbox"/> <b>D Petition for Bankruptcy Protection</b>			
<b>12 Certification</b> 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.						
<b>Signature of owner, operator, or an authorized representative</b>			<b>Print Name and Title</b>		<b>Date Signed (mm-dd-yyyy)</b>	
			Kenneth W. Greder owner		9/7/2010	
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)			(Phone Number)		(E-mail Address)	
<b>13 Comments</b>						