

Florida Department of Environmental Protection

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

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

05/16/2011 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 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 05/14/12).

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.}$

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,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Liver M Jun

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



B & D Biomedical Waste Services

Serving the entire state of Florida P.O. Box 1309, Okeechobee, Fl 34973

Phone: 863-763-3259 Fax: 863-763-2253 Toll free: 866-998-2644

bd_biowaste@yahoo.com

Received

MAY 02 2011

BSHW

April 28, 2011

We are requesting a hard copy of the Certificate. Thank you!

Celeste Ripple Office Manager

FLORIDA

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 Date Received
(for INEL CHICLE Use Only)

MAY U 2 2011

EPA ID			MTS		LKGKAHU			
1. Reason for Submittal	Mark 'X' in □ 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). □ Is this the final notification (see instructions) for the facility?							
2. Facility or Business Name	B&	D Biomedical Waste	FEII 1	D No. 1 3 8 0 1 5 6 9				
(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 NV	Pho	ne Number: 863-763-3259				
	City or Town:	Okeechol	State: FL	Zip Code: 34972				
	Operator Type: 🛭	Private Federal	Municipal S	State Oth	er			
4. Facility Physical Location	Physical Street Address: 2401 NW 16th Blvd.							
Information	City or Town:	Okeechob	ее	State: FL	Zip Code: 34972			
	County: Okeech	obee	ase attach a map or sketch of the facility					
	Latitude: Method: Method: dd mm ss.ssss dd mm ss.ssss Datum:							
5. Facility North Am Classification Syst Code(s)	circan industry	G .		B. D.				
6. Facility or Business Mailing	Street Address or P.O. Box: PO Box 1309							
Address	City or Town:	Okeechob	ee	State: FL	Zip Code: 34973			
7. Facility or Business Contact	First Name:	Jeff	Last Name:	Davis	Title: Director of			
Person	Phone Number:	863-763-3259	Extension:	E-Mail:	od_biowaste@yahoo.com			
	Street or P.O. Box: 2401 NW 16th Blvd.							
	City or Town:	Okeechob	State: FL	Zip Code: 34972				
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments		perty (Land) Owner: David Williams	New Owner Date became Owner: 09 / 01 / 09 mm dd yy					
	Street or P.O. Box	[:] 2401 NW	Pho	ne Number: 863-763-3259				
	City or Town:	Okeechob	State: FL	Zip Code: 34972				
section.)	Owner Type: Private Federal Municipal State Other							

	EPA ID No.						
D. Type of Regulated Waste Activity (Mark 'X' in all the	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 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	(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.)						
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 Address PO Okeechobee, FL 34973	n waste only \(\subseteq \text{b. For commercial purposes} \)						
Contact Billy Marcum	Telephone 863-467-0331						
Policy Number 74TRSO14171	Expiration date 10/26/2011						
d. Transportation Mode Air Rail Highway Water Other - specify							
e. Hazardous Waste Transfer Facility: Storage Volume							
Florida Administrative Code (F.A.C.)]:	lity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 171(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]						
Annual update notification							

	EPA ID No.							
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 acci	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 lamps) accumulated by for-hire handler								
[Note: 4 lamps = 1 kg, $62-737.200(10)$]								
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceuticals	eutical waste (UPW) accumulated							
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	rdous ("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 Generate/ Accumulate Transport (see note in instructions) Facility	(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	15 lbs							
d. Mercury Containing Devices								
c. Mercury Containing Lamps								
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	71.01							
(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: [8] Specific Certification to be signed by all Used Oil Transporters								
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(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial							
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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							
(1) Used Oil Transporter - indicate type(s) of activity(ies): a. Transporter b. Transfer Facility	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							
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(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	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							
 (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 	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							
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(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 (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,	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 Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):							
(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 (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	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 Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510,							

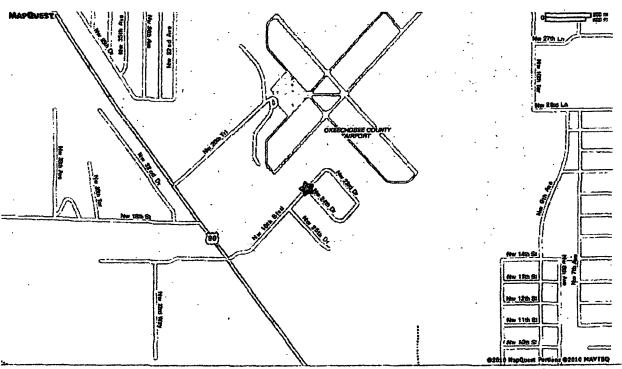
		V-137 \$158 //Le/156-1						
					EPA ID No	•		:
D. Other State Regulated Waste Activities:					Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.			
you	r facility. List	them in the order	they are presented	in the	us Wastes: List the waste corregulations (e.g., D001, D00 transported. Use an additional	3, F007,	U112).	
1	DO11	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.	Other State	us Changes (Ma	rk 'X' in all that :	apply):			
A	(1) Bus (2) Was	siness no longer ge ste generated by bu	isiness has been de	treat	s, stores, or disposes of hazard			
Б.	be (2) Out add Contact Address	sed at this location handling regulated to f Business - Bus dress, and phone nut	I waste there. iness closed on umber where you c	an be	to another - submit a new For (Date) reached after closingPhone	. Please	provide a cont	ew location if you will tact person, mailing
	C. Pro	perty Tax Defaul	t		D. Petition for Bankrupt	cy Prote	ction	
in ac infor for s facil	ccordance with rmation subm submitting fals lity, I am awan	h a system designe itted is, to the best se information, incre that transfer faci	d to assure that qua of my knowledge luding the possibil lities must comply or an authorized	alified and b ity of with	document and all attachments personnel properly gather an elief, true, accurate, and comp fine and imprisonment for knother requirements of Rule 62-7 Print Name and	d evaluatelete. I an owing vi	te the informat n aware that th olations. If I h	tion submitted. The here are significant penalties have notified as a transfer
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	leleste R	o filled in this for		_	ontact or Operator, please co 363-763-3259 one Number)			on below: aste c yahoo.com
	Comments		;	(1.11		, x		
			waste and/or բ	ohar	maceuticals with varioເ	ıs was	te codes.	

X

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.





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