

9. Type of Regulated Waste Activity (Mark 'X' in all that 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
- ☐ 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

(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 AccordAddress 1650 Market Street, Suite 1000, Philadelphia, PA 19103Contact Wade WorkTelephone 866-283-7122Policy Number 2802979Expiration date 03-01-12**d. Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____**e. ☒ Hazardous Waste Transfer Facility:**Storage Volume 4,000 - Gallons☐ 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

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Univar USA, Inc.EPA ID Number F L D 0 2 0 9 8 5 7 2 7U.S. ENVIRONMENTAL
PROTECTION AGENCY

2011 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1			
A. Waste description: <u>Waste Flammable Solids</u>			
B. EPA hazardous waste code(s) <u>D 0 0 1</u>		C. State hazardous waste code(s) <u></u>	
D. Source code <u>G 1 1</u> Management Method code for Source code G25 <u>H</u>		E. Form code <u>W 4 0 9</u>	F. Quantity generated in 2011 <u>0 0 0 0 0 0 0 0 0 1</u> UOM <u>2</u> Density <u></u> lbs/gal <u></u> sg
G. Waste minimization code <u>Y</u>			

Sec. 2			
Was any of this waste that was generated at this facility treated, disposed, and/or recycled 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 <u>H</u>	Quantity treated, disposed, or recycled on site in 2011 <u></u>	On-site Management Method code <u>H</u>	Quantity treated, disposed, or recycled on site in 2011 <u></u>

Sec. 3			
A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>T N D 0 0 0 7 7 2 1 8 6</u>	C. Off-site Management Method code shipped to <u>H 0 6 1</u>	D. Total quantity shipped in 2011 <u>0 0 0 0 0 0 0 0 0 1</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u></u>	C. Off-site Management Method code shipped to <u>H</u>	D. Total quantity shipped in 2011 <u></u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u></u>	C. Off-site Management Method code shipped to <u>H</u>	D. Total quantity shipped in 2011 <u></u>

Comments:

Change made to box E and re-submitted on 3/8/12!
DE