

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY

10-25-87

SIGMUND BILL SERVAMGR  
CUMMINS SOUTHEASTERN POWER  
5910 E HILLSBOROUGH AVE  
TAMPA FL 33610

The Hazardous Waste Management Program has reviewed your application for a hazardous waste DER/EPA I.D. Number.

Based on the information received you have been issued the following identification number for the facility at 5910 E HILLSBOROUGH AVE

Facility ID # FLD046702122  
Your facility status is the following:

Generator.

Florida Administrative code rule 17-30 requires all generators of hazardous waste and all hazardous waste treatment, storage, or disposal facilities to file an annual report of their hazardous waste activities with DER. You must comply with this rule concerning the filing of an annual report by March 1 for the preceding calendar year. Hazardous waste generators and facilities that are not subject to the annual report requirement but maintain an EPA/DER identification number are required to verify their status annually. This includes small quantity generators, generators that beneficially reuse or recycle all their waste, or generators and facilities either not handling waste during the reporting year or qualifying for another exemption. The forms will be sent to the contact person.

If any of the information on the Hazardous Waste Activity form changes, please notify us in writing at the letterhead address. For further assistance, please call 904/488-0300.

Sincerely,

Michael X. Redig  
Environmental Supervisor II  
Hazardous Waste Section

cc: Ann Cole - EPA/Region IV  
Armando Gonzalez - DER/Tampa  
GMS-ID # 4029P00451

CUMMINS SOUTHEASTERN POWER  
Protecting Florida and Your Quality of Life

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Notification of Hazardous Waste Activity

### Comments

07 JUN 68

BUREAU OF  
THE MANAGEMENT

Approved

0577  
Hillsborough

T/A	C
	1

C u m m i n s S o u t h E a s t e r n P o w e r

[illegible]

City or Town

State

ZIP Code

C					
4	T	H	M	S	A

7	1	3	3	6	1	0
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C				
5	S	14	M	E

City or Town

State

ZIP Code

Phone Number (area code and number)

[illegible]

8	1	3	6	2	6	1	1	0	1
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B. Type of Ownership (enter code)

C	R	L	L	S	T	O	h	h	c	n
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6000

☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 6. Off-Specification Used Oil Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On Site Marketer) Who First Claims the Oil Meets the Specification

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number



## ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes** (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)


☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

William A. Sigurd

Date Signed

5/2/87