

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

01/16/2013 Sonny Watson, Owner Pensacola Recycling Inc 3185 Newton Dr Pensacola, FL 32503-5106

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 Pensacola Recycling Inc located at 195 E Fairfield Dr, Pensacola , FL32503-2956

FLR000136861

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Non-Handler of Hazardous Waste; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps, Universal Waste Devices.

Your facility is **currently registered** for the following activities: **UW Lamp SQH**, **UW Device SQH** (reg exp on 03/01/2014).

Your facility is currently permitted/active 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:

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000136861. 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

Lier M Jun

ME ID: 78235 , Email Address: precyclinginc@aol.com

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 FDEP Official Use Only)

		(850) 245-87/2			4,			
EPA ID F L R	0 0 0 1 3	6 8 6 1	MT\$. (4.1	RCRAI		
1. Reason for Submittal	Mark 'X' in correct box: 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	PE		FEID No. 59-3552918					
3. Facility Operator (List additional Operators in the	FRAN	New Operator Date became Operator:// mm dd yy						
comments section).	Street or P.O. Box	3185 NEV	VTON DRIVE	Phone Number: 850-432-7833				
	City or Town:	PENSACO	DLA	State:	FL	Zip Code:	32503	
	Operator Type: [2		Municipal S	State [Other			
4. Facility Physical Location	Physical Street Address: 195 E. FAIF				RFIELD DRIVE			
Information	City or Town:	PENSACO	LA	State:	FL	Zip Code:	32503	
	County: Escamb	pia	If available, please attach a map or sketch of the facility boundaries.					
	Latitude: Longitude: L					Method: Datum:		
5. Facility North Am Classification Syst Code(s)			90 B. D.					
6. Facility or	Street Address or P.O. Box: 3185 NEWTON DRIVE							
Business Mailing Address	City or Town:	PENSACO)LA	State:	FL	Zip Code:	32503	
7. Facility or Business Contact Person	First Name:	SONNY	Last Name: W	ATSON	1	Title:	WNER	
	Phone Number:	850-432-7833	Extension:	E-Mail:	PRRE	CYCLINGIN	IC@AOL.COM	
	Street or P.O. Box: 3185 NEWTON DRIVE							
	City or Town: PENSACOLA				FL	Zip Code:	32503	
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: UNCLE BOBS SELF STORAGE				New Owner Date became Owner:/_/ mm dd yy			
Physical Location (List additional real property owners in the comments	Street or P.O. Box: 195 E FIARFIELD DRIVE					Number: 8	50-433-7638	
	City or Town: PENSACOLA S				FL	Zip Code:	32503	
section.)	Owner Type: Private Federal Municipal State Other							

	EPA ID No. FLR000136861						
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 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste						
(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	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.						
Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information Insurance Company Address	on .						
Contact Telephone Policy Number Expiration date d. Transportation Mode Air Rail Highway Water Other - specify							
Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of	Storage Volume with the initial notification for a transfer facility [Rule 62-730.171(3), the transporter that the proposed location satisfies the						
criteria of Section 403.7211(2), Florida Statutes (Evidence of the transporter's financial responsibili A brief general description of the transfer facility of the facility closure plan [Rule 62-730.1] A copy of the facility closure plan [Rule 62-730.1] A copy of the contingency and emergency plan [Rule 62-73] Notification of the transfer facility [Rule 62-73] Notification of changes in above items Annual update notification	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]						

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B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):								
	Large Quantity Hand	ler (LQH) =	5,000 kg (1	1,000 lb) or more	of any comb	oination of UW accum	ulated	
XI	Small Quantity Handler (SQH) = always less than 5,000 kg accumulated							
	Mercury-containing of	levices LQF	I = 100 kg (2)	220 lb) or more ac	cumulated t	by for-hire handler		
	Mercury-containing of	levices SQH	= less than	100 kg accumulate	ed by for-hir	re 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 LQF	$I \approx 5,000 \text{ kg}$	or more of u	universal pharmac	eutical wast	e (UPW) accumulated		
	Pharmaceuticals LQF	I ≈ more tha	n 1 kg (2.2 l	b) of acutely haza	rdous ("P-lis	sted") pharmaceutical v	waste accumulated	
	Pharmaceuticals SQF	I = always le	ss than 5,00	0 kg of UPW and	always 1 kg	or less of acutely haza	ardous UPW accumu	lated
(1) For t	those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	1''	your esitmate of the n pe of UW on site or tr	•	• •
a. Batterie	es .					625LBS		
b. Pesticides								j
c. Pharma	ceuticals							
d. Mercur	y Containing Devices	\square				50 LBS		ĺ
e. Mercur	y Containing Lamps	\square				7500 EA		
	cury Recovery and/or ter 62-737, F.A.C.]	r Reclamatio	on Facility		Note: A hazar F.A.C.]	rdous waste permit is require	ed for this activity. [Rule (52-737.800,
(4) Reve	erse Distributor of U\	<i>y</i>		Pharmaceuticals		Lamps 🔲 🗈	Devices	
(5) Desti	ination Facility for U	w 🗆		Note: for this activi		must treat, dispose or rec	ycle a UW. A permit is	required for
	l Oil Activities:				I	Certification to be signe	•	-
(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				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.				
	□ a. Transporter□ b. Transfer Facil□ c. Processor□ d. End User	lity				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				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): Our mailing (business) address The site (facility) address				

	State Company to the second se			EPA ID No.	EPA ID No. FLR000136861				
D. Othe	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.								
your facil	aste Codes for Federally is ility. List them in the order to us waste transporters list cod	they are presente	ed in the regulations ((e.g., D001, D003, F	7007, U112).				
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. Oth	her Status Changes (Mai	rk 'X' in all that	t apply):						
	(1) Business no longer gen (2) Waste generated by bus (3) Other (explain)	nerates, transport siness has been o	ts, treats, stores, or di delisted.		waste				
	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								
	Contact		Phone	·					
	City, State, Zip					···			
	C. Property Tax Default	;	D. Petitio	n for Bankruptcy I	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.									
Signatu)	ire of owner, operator, o representative	ed P	rint Name and Ti	itle	Date Signed (mm-dd-yyyy)				
Xu	undle -	Sam	Jei	nnifer Watson Z	Zam	1/2/2013			
)							
				,					
If the pe	erson who filled in this form Jennifer Watson Z		ility Contact or Ope 850-432-			ion below: inc@aol.com			
(Name of	(Name of person completing this form) (Phone Number) (E-mail Address)								
13. Con	nments:								