



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

12/08/2015
Greg Giordano, Pres
Med Alliance
1227 E Madison St Unit 506
Tampa, FL 33602

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 **Med Alliance** located at **3899 Ulmerton Rd Unit P, Clearwater , FL 33762-4270**

FLR000217323

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

Your facility is **currently registered** for the following activities: **None.**

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:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000217323.

For further assistance, please contact me at (850) 245-8749 or email at

Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley
Glen

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 119112 , Email Address: greg@medalliancewm.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division—HWRs, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8707

Date Received
 (for FDEP Official Use Only)
DEC 08 2015
 PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

EPA ID:

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Please use the instructions document to complete this form

1. Reason for Submittal
 (all submitters must complete pages 1 and 2 and sign page 5.
 Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
 (must choose one if a notification) To provide subsequent notification (to update status and facility identification information).
 To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)

2. Facility or Business Name

Med Alliance

3. Facility Operator
 (List additional Operators in the comments section.)

Name of Operator: **Greg Giordano** Date became Operator: 12 / 01 / 2015
 Street or P.O. Box: **1227 E. Madison Street Unit 506** Phone Number: **813-260-0051**
 City or Town: **Tampa, FL 33606** State: **FL** Zip Code: **33602** Country (if not USA): **Hillsborough**
 Operator Type: Private Federal Municipal State County Other _____

4. Facility Physical Location Information
 (No P.O. Boxes)
 Same address as #3 above or:

Physical Street Address: **3899 Ulmerton Road Unit P** Vessel
 City or Town: **Clearwater** State: **FL** Zip Code: **33762**
 County: **Pinellas** Country (if not USA): _____

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A.

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 (required) B.

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 C.

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 D.

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6. Facility or Business Mailing Address

Same address as # 3 above or: Street or P.O. Box:
 City or Town: _____ State: _____ Zip/Postal Code: _____ Country (if not USA): _____

7. Facility or Business RCRA Contact Person

First Name: **Greg** Last Name: **Giordano** Title: **Pres**
 Phone Number: **813-260-0051** Extension: _____ E-Mail: **greg@medalliancewm.com** Fax: **813-463-0077**
 Street or P.O. Box: _____
 Same address as # 3 above or:
 City or Town: _____ State: **FL** Zip Code: **33602** Country (if not USA): _____

8. Real Property (FL Land) Owner of the Facility's Physical Location
 (List additional owners in the comments section.)
 Same address as # FL above or:

Name of Owner: **Vlora Properties1** Date became Owner: 07 / 02 / 2008
 New Owner mm dd yy
 Street or P.O. Box: **16485 US Highway 19 North** Phone Number: _____
 City or Town: **Clearwater** State: **FL** Zip Code: **33764** Country (if not USA): _____
 Owner Type: Private Federal Municipal State County Other _____

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste **For Items 2 through 7, mark 'X' in all that apply.**

Yes No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

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 (at least once a year)

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. Short-Term Generator (one-time, not on-going)
 e. Episodic: Not more than one-time per year: __SQG__LQG
 f. United States Importer of hazardous waste
 g. 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 Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)
Specify: Commercial Non-Commercial.
Note: 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) Receives Hazardous Waste from Off-Site

(7) Underground Injection Control

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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or 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

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)
 (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)
 (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
 (2) Out of Business - Business closed on _____ (date)

(C) Property Tax Default **(D) Petition for Bankruptcy Protection**

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

Same as Facility RCRA Contact on page 1 or enter:

Contact for:
 HW Transporter
 Used Oil Handler
 Universal Waste

First Name: _____ Last Name: _____ Title: _____
 Phone Number: _____ Extension: _____ E-Mail: _____
 Street or P.O. Box: _____
 City or Town: _____ State:(Country): _____ Zip Code: _____

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps <input type="checkbox"/> 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.
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B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

- Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

- First time registering
 Renewal
 One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)

- First time registering
 Renewal

We use Drum Top Bulb Crusher(s).

Briefly Describe your Universal Waste Activities:

UPW Transporter

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

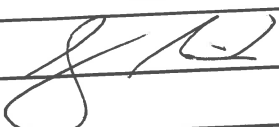
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):

The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

17. 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.

I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Greg Giordano / Pres	<input type="checkbox"/>	12/3/15
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

Greg Giordano 813-260-0051 greg@medalliancewm.com
 (Name of person completing this form) (Phone Number) (E-mail Address)

