



## 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

11/09/2016

Kenneth Graden, Owner  
Independent Waste Oil Inc  
2231 New Berlin Rd  
Jacksonville, FL 32218

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 **Independent Waste Oil Inc** located at **343 Dennard Ave # B, Jacksonville , FL 32254-3401**

**FLR000009563**

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

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2017).**

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=FLR000009563](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000009563).

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

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us).

Sincerely,

*Robin K. Pandley*  
*Glen*

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 59611 , Email Address: [wojax@yahoo.com](mailto:wojax@yahoo.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)  
**AUG 12 2016**

EPA ID: **F L R 0 0 0 0 0 9 5 6 3**

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:  
(must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  
☒ 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

**INDEPENDENT WASTE OIL**

## 3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

**KENNETH GRADEN**

Date became Operator: **08** / **01** / **1995**

Street or P.O. Box:

**2231 NEW BERLIN RD**

Phone Number:

**904 305-3636**

City or Town:

**JACKSONVILLE**

State:

**FL**

Zip Code:

**32218**

Country (if not USA):

Operator Type:

☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

## 4. Facility Physical Location Information

☒ Same address as #3 above or:

Physical Street Address:

**343 DENNARD AVE**

☐ Vessel

City or Town:

**JACKSONVILLE**

State:

**FL**

Zip Code:

**32254**

County:

**DUVAL**

Country (if not USA):

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

A. **423930** (required) B. C. D.

## 6. Facility or Business Mailing Address

☒ Same address as #4 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

☐ Same address as #4 above or:

First Name:

**KENNETH**

Last Name:

**GRADEN**

Title:

**OWNER**

Phone Number:

**904 305-3636**

Extension:

E-Mail:

**IWOJAX@YAHOO.COM**

Fax:

**904 781-9924**

Street or P.O. Box:

**2231 NEW BERLIN RD**

City or Town:

**JACKSONVILLE**

State:

**FL**

Zip Code:

**32218**

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 #4 above or:

Name of Owner:

**KENNETH GRADEN**

Date became Owner: **08** / **01** / **1995**

☐ New Owner mm dd yy

Street or P.O. Box:

**343 DENNARD AVE**

Phone Number:

**904 781-8903**

City or Town:

**JACKSONVILLE**

State:

**FL**

Zip Code:

**32254**

Country (if not USA):

Owner Type:

☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>					EPA ID No.	
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>						
<b>(A) (1) Generator of Hazardous Waste</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> <b>a. Large Quantity Generator (LQG):</b> 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) <input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> 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) <input type="checkbox"/> <b>c. Conditionally Exempt SQG (CESQG):</b> 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  <b>In addition, indicate other generator activities that apply.</b> <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: __ SQG __ LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator				<b>For Items 2 through 7, mark 'X' in all that apply.</b> <b>(2) Treater, Storer, or Disposer of Hazardous Waste</b> (at your facility) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) <b>(3) <input type="checkbox"/> Recycler of Hazardous Waste</b> (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling. <b>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption <b>(5) <input type="checkbox"/> Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities</b> Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. <b>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</b> <b>(7) <input type="checkbox"/> Underground Injection Control</b>		
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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
<b>11. Other Status Changes</b> (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16): <b>(A) Non-Handler of Regulated Waste at This Facility</b> (Sections 9, 10 and 12-16 should be blank.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. <b>(B) Facility Closed</b> (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)						
<input type="checkbox"/> <b>(C) Property Tax Default</b>				<input type="checkbox"/> <b>(D) Petition for Bankruptcy Protection</b>		
<b>12-14 — Registration Activities Contact Information</b> (only if this submission is a registration or registration information update):						
<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:		First Name: <b>KENNETH</b>		Last Name: <b>GRADEN</b>		Title: <b>OWNER</b>
		Phone Number: <b>904 305-3636</b>		Extension:		E-Mail: <b>IWOJAX@YAHOO.COM</b>
Contact for: <input type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste		Street or P.O. Box: <b>343 DENNARD AVE</b>				
		City or Town: <b>JACKSONVILLE</b>		State:(Country): <b>FL</b>		Zip Code: <b>32254</b>

o. FC12000009363

### A. Federal Notification

- ### **B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- ### C. Florida Annual Mercury Handler Registration:

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

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

- Annual
- 
- Registration
- 
- Required

**Annual Registration +  
one-time \$1,000 fee +  
More Requirements  
(contact FDEP)**

- ☐
- First time registering
- ☐
- Renewal

Annual Registration  
Required

☐ We use Drum Top Bulb Crusher(s).

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. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.** Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

**A. HW Transporter Registration Information (must be completed annually and when this information changes)**

**This facility is a registered transporter of hazardous waste.**

**This form is:** ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste

**4. Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_

**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume \_\_\_\_\_

**This form is:** ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

**Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.**

**The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):**

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:**

**15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),**

**Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.**

**This form is:** ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☒ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

**(1) Used Oil Transporter - mark activities: (occurring in Florida)**

- ☒ a. Transporter (off-site) and noncontiguous locations  
☒ b. Transfer Facility

**(2)** ☐ Collection Center (From businesses, no more than 55 gal per shipment)

**(3)** ☐ Used Oil Processor (A permit is required.)

**(4)** ☐ Off-Specification Used Oil Burner

**(5)** Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

**(6) Used Oil Filter Management (must annually register)**

- ☒ a. Transporter  
☒ b. Transfer Facility  
☐ c. Processor (Annual Report Required)  
☐ d. End User

**(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):**

☐ Our mailing (business) address ☒ The site (facility) address

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.**

**(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:

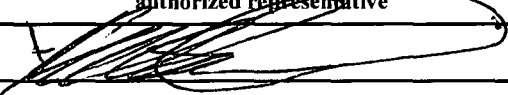
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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)
	KENNETH GRADEN	<input type="checkbox"/>	08-11-2016
		<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:

Kenneth W Graden 904 781 8903 IWOJAX@YAHOO.COM  
(Name of person completing this form) (Phone Number) (E-mail Address)