



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

08/28/2012

Brian McCully, President
Jam Environmental & Vacuum Services LLC
228 SW 21st Ter Bldg #6
Fort Lauderdale, FL 33312-1425

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 **Jam Environmental & Vacuum Services LLC** located at **228 SW 21st Ter, Bldg #6, Fort Lauderdale , FL33312-1425**

FLR000176842

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Marketer, Used Oil Filter Transporter (reg exp on 06/30/2013).**

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:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000176842.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 100960 , Email Address: jamenvironmental@aol.com

JAM ENVIRONMENTAL & VACUUM SERVICES LLC

ID: 18980 EPA: FLR000176842 City: FT LAUDERDALE County: Broward

« Back to main page

8700-12 Submitted As: HWG ✓ RUOH

Logged in as [Noland_T](#) [Logout](#)

UOP : jmccully@jamenvironmental.com HWR : jamenvironmental@aol.com

Program Area	Process	Date	Author
HWG			
HWG	Logged	5/2/2012 1:39:01 PM	Simmons_JLS
HWG	Completeness Review	5/11/2012 5:00:42 PM	Noland_T
HWG	Data processing	8/10/2012 3:46:47 PM	Noland_T
RUOH			
RUOH	Waiting for information	6/26/2012 8:27:10 AM	Ashwood_J
RUOH	Completeness Review	8/7/2012 1:26:40 PM	Ashwood_J
RUOH	Data processing	8/7/2012 1:52:21 PM	Simmons_JLS
RUOH	Final reviewed	8/7/2012 6:23:55 PM	Graves_A
RUOH	Notification Letter Emailed	8/7/2012 6:30:30 PM	Graves_A
RUOH	Booked into Oculus	8/8/2012 10:26:35 AM	Thursby_K
HWG	Final reviewed	8/28/2012 4:11:14 PM or	Noland_T

Add new process

Date	Comment	Program Area	Author
HWG			
5/2/2012 1:39:58 PM	8700-12 has original signature.	HWG	Simmons_JLS
8/27/2012 3:12:10 PM	Per Rich, he spoke with the facility and the correct address is 228 SW 21st Terrace, Bldg 6. Rich let programs know. Need to correct data, etc.	HWG	Noland_T
RUOH			
6/26/2012 8:27:03 AM	Received original 8700 form, registration fee, and Annual report. Email request sent for updated DEP UO Insurance form and training manual statement.	RUOH	Ashwood_J
6/26/2012 8:33:05 AM	Dear Brian McCully: In reviewing your submittal, we notice additional information is needed. The ACORD submitted cannot be used because your policy number has changed. Please see the attached copy of the Used Oil Certificate of Liability Insurance form we have on file for this facility. Please note that several additional updates need to be made to this form. A blank form is attached for your convenience. Please submit the following to continue processing your Used Oil renewal registration: Updated Used Oil Certificate of Liability Insurance form with original (hand signed) signature, Training manual statement stating the manual is still in use and there are no changes to the manual. If you have made changes to the approved training manual we have on file, then submit those changes for review and approval. As soon as possible, please mail the required forms to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions.	RUOH	Ashwood_J
7/3/2012 2:24:19 PM	Email request sent to Brian, After review of your recent submittal, we notice additional information is needed. The Used Oil Certificate of Liability Insurance form does not have original (hand signed) signature and the Insurance carrier's name is abbreviated at the bottom (see attached). Please submit a revised Used Oil Certificate of Liability Insurance form with original (hand signed) signature to continue processing your Used Oil renewal registration (see blank form attached for your convenience). Please mail the required form to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions.	RUOH	Ashwood_J
8/7/2012 1:26:39 PM	Received DEP UO Insurance form and training manual statement.	RUOH	Ashwood_J
8/7/2012 6:23:54 PM	Annual Report ok	RUOH	Graves_A

Add new comment

HWG

Noland_T

Add comment



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)

MAY 02 2012

BSHW
RCRAInfo

EPA ID FLR000176842

MTS

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

JAM Environmental & Vacuum Services LLC

FEID No.

900420636

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

Name of Operator:
JAM Environmental & Vacuum Services LLC

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box: 228 SW 21st TER, Bldg. 6

Phone Number: 954-625-2310

City or Town: Fort Lauderdale

State: FL

Zip Code: 33312

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical Location Information

Physical Street Address: 228 SW 21st TER, Bldg. 6

City or Town: Fort Lauderdale

State: FL

Zip Code: 33312

County: Broward

If available, please attach a map or sketch of the facility boundaries.

Latitude: 26 6 55.0002 Longitude: 80 10 12.663
dd mm ss.ssss dd mm ss.ssss

Method:
Datum:

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

A. 562998

B. 562910

C. 562111

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 228 SW 21st TER, Bldg. 6

City or Town: Fort Lauderdale

State: FL

Zip Code: 33312

7. Facility or Business Contact Person

First Name: Brian

Last Name: McCully

Title: President

Phone Number: 954-625-2310

Extension:

E-Mail: jmccully@jamenvironmental.com

Street or P.O. Box: 228 SW 21st TER, Bldg. 6

City or Town: Fort Lauderdale

State: FL

Zip Code: 33312

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:
ESP Partners

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box: 228 SW 21st TER, Bldg. 6

Phone Number: 954-587-2352

City or Town: Fort Lauderdale

State: FL

Zip Code: 33312

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

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 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

For Items 2 through 7, mark 'X' in all that apply.**(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 _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____

e. ☐ **Hazardous Waste Transfer Facility:**

Storage Volume _____

☐ **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**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire 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 LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) 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.

C. Used Oil Activities:**(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**

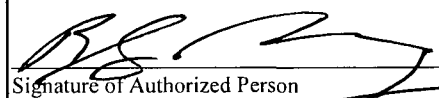
- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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 applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

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.



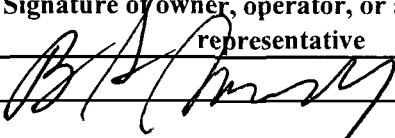
Signature of Authorized Person

Brian S McCully

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

EPA ID No.				FLR000176842		
D. Other State Regulated Waste Activities:				<input type="checkbox"/> Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.		
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, U112). Hazardous waste transporters list codes routinely or usually transported. Use 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
22	23	24	25	26	27	28
11. Other Status Changes (Mark 'X' in all that apply):						
A. Non-Handler of Regulated Waste at This Facility <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____						
B. Facility Closed <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 be handling regulated waste there. <input type="checkbox"/> (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing. Contact _____ Phone _____ Address _____ City, State, Zip _____						
<input type="checkbox"/> C. Property Tax Default			<input type="checkbox"/> D. Petition for Bankruptcy 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.						
Signature of owner, operator, or an authorized representative 			Print Name and Title Brian S McCully		Date Signed (mm-dd-yyyy) 04-29-12	
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: Maria E. Laboy			954-625-2310		mlaboy@jamenvironmental.com	
(Name of person completing this form)			(Phone Number)		(E-mail Address)	
13. Comments: 						