



# FLORIDA DEPARTMENT OF Environmental Protection

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

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

07/05/2023

Jeffrey Ohlrich, Operations Manager  
Alta Construction Florida LLC  
8750 Phillips Hwy  
Jacksonville, FL 32256

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Alta Construction Florida LLC** located at **8750 Philips Hwy, Jacksonville, FL 32256-8215**

DEP/EPA Identification Number: **FLR000213694**

Your facility status is the following: **Very Small Quantity Generator (VSQG)**.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page>.

Please note that pending program registrations, certifications, or permits will be sent to you separately.

**To review the details of your status**, visit:

[https://fldeplc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000213694](https://fldeplc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000213694).

For further assistance, please contact me at (850) 245-8707 or email me at

[Jeff.Gregg@dep.state.fl.us](mailto:Jeff.Gregg@dep.state.fl.us).

Sincerely,

*SK Valent*  
for

Jeff Gregg  
Environmental Manager  
Waste Compliance Assistance Program

ME ID: 114929, Email Address: [jeff.ohlrich@altg.com](mailto:jeff.ohlrich@altg.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 Florida Use Only)  
DIVISION OF WASTE MANAGEMENT  
'23 JUN 19 AM 10:20:01

EPA ID:

F L R 0 0 0 2 1 3 6 9 4

Please use the instructions document to complete this form  
\* mandatory fields

## 1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in  
the correct box\*:

(must choose one  
if a notification)

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
- ☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
- ☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- ☐ UW Mercury (see page 4) ☐ HW Transporter (see page 5) ☒ Used Oil (see page 6)

## 2. Facility or Business Name\*:

Alta Construction Florida LLC.

## 3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address\*:

8750 Phillips Highway

☐ Vessel

City or Town:

Jacksonville

State:

FL

Zip Code:

32256

County\*:

Duval County

Country (if not USA)\*:

## 4. Facility or Business Mailing Address:

☒ Same address as # 3 above or\*:

City or Town\*:

State\*:

Zip/Postal Code\*:

Country (if not USA):

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

A. 8 1 1 3 1 0 (required)

B.            

C.            

D.            

## 6. Facility or Business RCRA Contact Person: ☒ Same address as # 3 above or:

First Name\*:

Jeffrey

Last Name\*:

Ohlrich

Title\*:

Operations Manager

Phone Number\*:

904-903-1317

Extension\*:

Fax\*:

E-Mail\*:

jeff.ohlrich@altg.com

Street or P.O. Box (or same address box is checked)\*:

City or Town\*:

State\*:

Zip Code\*:

Country (if not USA):

1830043

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No.* <b>FLR000213694</b>	
<b>7. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.)			
Name of Owner*: <b>Zambetti Land Trust</b>		Date became Owner*: ____/____/____ <input type="checkbox"/> New Owner   mm   dd   yy	
Street or P.O. Box (or same address box is checked)*: <b>PO Box 6000697</b>		Phone Number*: <b>904-285-2290</b>	
City or Town*: <b>Ponte Verde Beach</b>	State*: <b>FL</b>	Zip Code*: <b>32082</b>	Country (if not USA):
E-Mail*:			
Owner Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
<b>8. Facility Operator</b> (List additional Operators in the comments section). Same address as # <u>3</u> above or:			
Name of Operator*:		Date became Operator*: ____/____/____ <input type="checkbox"/> New Operator   mm   dd   yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>			
<b>(1) Generator of Hazardous Waste</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      (This does 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 (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.			
<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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.			
<input checked="" type="checkbox"/> <b>c. Very Small Quantity Generator (VSQG):</b>			
- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.			
<b>In addition, indicate other generator activities that apply.</b>			
<input type="checkbox"/> <b>d. Short-Term Generator</b> (one-time, not on-going)			
<input type="checkbox"/> <b>e. Mixed Waste</b> (hazardous and radioactive) Generator			
<input type="checkbox"/> <b>f. United States Importer</b> of hazardous waste			
<input type="checkbox"/> <b>g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person</b> pursuant to 40 CFR 262.17(f). <b>(Addendum A Required)</b>			
<input type="checkbox"/> <b>h. Episodic:</b> Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG <b>(Addendum B Required)</b>			
<input type="checkbox"/> <b>i. Electronic Manifest Broker</b> , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			



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

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) 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

Specify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe 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 Very Small Quantity 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**

- (8) ☐ **Recognized Trader**— Mark all that apply

☐ a. Importer

☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABS) under 40 CFR subpart G**— Mark all that apply

☐ a. Importer

☐ b. Exporter

**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 must 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, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

☐ Central Accumulation Area (CAA)

☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

**(B) Closure Dates:**

☐ (1) Expected closure date \_\_\_\_\_ (date in mm/dd/yyyy)

☐ (2) Requesting new closure date \_\_\_\_\_ (date in mm/dd/yyyy)

☐ (3) Date of closure: \_\_\_\_\_ (date in mm/dd/yyyy)

☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)

☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

**(C) Property Tax Default** ☐

**(D) Petition for Bankruptcy Protection** ☐



<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>	EPA ID No.* <b>FLR000213694</b>
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>	
<b>A. Federal Notification</b>	
<input type="checkbox"/> <b>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)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Accumulates: <input type="checkbox"/> a. UW Batteries</div> <div><input type="checkbox"/> b. Pesticides</div> <div><input type="checkbox"/> c. Pharmaceuticals</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> d. Mercury Containing Devices</div> <div><input type="checkbox"/> e. Mercury Containing Lamps</div> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time notification</b>	
<input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any one time) <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter	
<b>C. Florida Annual Mercury Handler Registration:</b>	
<b>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., F.A.C. (please contact FDEP first).</b>  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>	
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached	
<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 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)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual Renewal	Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>	
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)] F.A.C.	

**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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

**Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.**

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

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: (as listed in Item 3) 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 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

**C.** 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 facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)**

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. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

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. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (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) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner  
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

(6) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(7) Used Oil Filter Management (must annually register)

☒ a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

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

☐ Our mailing (business) address (as listed in Item 4)

☐ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters 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 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

☐ The used oil annual report is attached

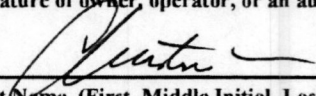
☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**17. Notification of Hazardous Secondary Material (HSM) Activity**

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. (Addendum C Required)



<b>Required signature page</b>	<b>EPA ID No.</b> FLR000213694
<b>18. Comments</b> (attach a page if more space is needed):	
Corporate office located at 8418 Palm River Road, Tampa, Florida 33619	
<b>19. Certification:</b> 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 known violations.	
<input checked="" type="checkbox"/> 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..	
<b>Signature of owner, operator, or an authorized representative:</b> 	<b>Date Signed (mm-dd-yyyy):</b> 05-27-2023
<b>Print Name (First, Middle Initial, Last):</b> Christine K Miller	<b>Title:</b> Director of EHS
<b>Organization:</b> Alta Construction Equipment Florida LLC.	<b>Used Oil</b> <input checked="" type="checkbox"/>
<b>Email:</b> christine.miller@altg.com	
<b>Signature of owner, operator, or an authorized representative:</b>	<b>Date Signed (mm-dd-yyyy):</b>
<b>Print Name (First, Middle Initial, Last):</b>	<b>Title:</b>
<b>Organization:</b>	<b>Used Oil</b> <input checked="" type="checkbox"/>
<b>Email:</b>	
<b>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</b>	
<u>Brennen Orr</u> (Name of person completing this form)	<u>248-794-3457</u> (Phone Number)
<u>brennen.orr@altg.com</u> (E-mail Address)	

<b>Addendum A: LQG Consolidation of VSQG Hazardous Waste</b>		EPA ID No.* <b>FLR000213694</b>
<b>Only fill out this form if:</b> <ul style="list-style-type: none"> <li>You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.</li> </ul>		
<b>VSQG 1</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Delete</b>		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		
<b>VSQG 2</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Delete</b>		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		
<b>VSQG 3</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Delete</b>		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		

<b>Addendum B: Episodic Generator</b>				EPA ID No.*		FLR000213694	
<b>Only fill out this form if:</b> <ul style="list-style-type: none"> <li>You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed.</li> </ul>							
<b>Episodic Event</b>							
A. Planned				B. Unplanned			
<input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank Cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____				<input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.) <input type="checkbox"/> Other _____			
C. Emergency Contact Phone				D. Emergency Contact Name			
E. Beginning Date _____ (mm/dd/yyyy)				F. End Date _____ (mm/dd/yyyy)			
<b>Waste 1</b>							
G. Waste Description					H. Estimated Quantity (in pounds)		
I. Federal Hazardous Waste Codes							
<b>Waste 2</b>							
G. Waste Description					H. Estimated Quantity (in pounds)		
I. Federal Hazardous Waste Codes							
<b>Waste 3</b>							
G. Waste Description					H. Estimated Quantity (in pounds)		
I. Federal Hazardous Waste Codes							



DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date: 12/2019 Page 10 of 10

**STATE OF FLORIDA**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Travelers Property Casualty Company of America

(Name of Insurer)

(the "Insurer"), of One Tower Square, Hartford, CT 06183

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Alta Construction Equipment Florida LLC

(Name of Insured)

(the "Insured"), of 8750 Philips Hwy, Jacksonville, FL 32256

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

FLR0002 13694

Alta Construction Equipment Florida LLC

8750 Philips Hwy, Jacksonville, FL 32256

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number TC2J CAP9P53018A11L23, issued on 04/01/2023.  
(date)

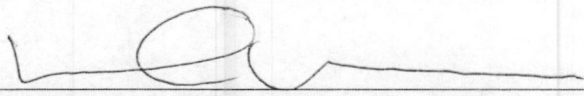
The effective date of said policy is 04/01/2023 and the expiration date of said policy  
(date)  
is 04/01/2024.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ \_\_\_\_\_ for each accident in excess of the underlying limit of  
\$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
  - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
  - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

  
(Signature of Authorized Representative of Insurer)

Richard McGregor  
(Typed name)

President  
(Title)

Authorized Representative of

Travelers Property Casualty Company of America  
(Name of Insurer)

989 E South Blvd, Ste 200, Rochester Hills, MI 48307

(Address of Representative)





# DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used  
Oil and Used Oil Filter Handlers  
Effective Date 12/2019  
Incorporated in Rule 62-710.510(5)

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Used Oil handlers are any person(s) subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 8 below.)

For the reporting period January 1, 2022 through December 31, 2022

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Alta Construction Equipment Florida LLC 2. Site Address: 8750 Phillips Highway, Jacksonville, FL 32256
3. Telephone No: (904)-737-6000 ☐ Check box if any of the above items (1-3) have changed since your last registration.
4. EPA ID No. FLR000213694 5. Name of person preparing report (please print) Brennen Orr
6. Title: Regional EHS Manager 7. Phone number (if different from #3, above)
8. Type of operation (check all that apply): 9. Email Address: brennen.orr@altg.com
- Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor
- ☐ Marketer: ☐ On Spec ☐ Off Spec
- ☐ Burner (off-specification used oil): ☐ Industrial Furnace ☐ Industrial Boiler ☐ Utility Boiler ☐ Heater
- Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS). SEE DIRECTIONS BELOW

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida .....

b. From out of State .....

c. Beginning Inventory .....

d. Total (sum of totals from Lines a + b + c) .....

Automotive	Industrial	Mixed	Total
0	2,345	0	2,345
0	0	0	
			0
			2,345

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D - Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated .....

3. Total amount (in gallons) of Used Oil managed .....

4. End of year, on hand estimate (difference between Line 1d and Line 3) .....

In State	Out of State
2,345	
2,345	
0	

# DIRECTIONS FOR SECTION B

- Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
  - In State
  - from Out of State
  - Beginning Inventory from last year's ending amount
  - Enter the total sum of lines a + b + c
- Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- Enter total amount in gallons of Used Oil managed.
- Enter the end-of-year on hand amount (difference between Line 1d and Line 3).

SECTION C USED OIL FILTERS (USE TABLE BELOW FOR CONVERSIONS)	In State	Out of State
1. Number of filters on hand from previous year .....	15	
2. Number of used oil filters collected .....	12,059	
3. Total number of used oil filters to manage (Line 1 plus Line 2) .....	12,074	
4. Disposition of used oil filters collected:	12,015	
a. Transferred to another registered facility .....		
b. Burned for energy recovery at a Waste-To-Energy facility .....		
c. Transferred directly to a metal foundry for recycling .....		
d. TOTAL .....	12,015	
5. End of year, on hand estimate (Line 3 minus Line 4d) .....	59	
6. Gallons of used oil collected as a result of filter processing .....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor) .....		
8. Volume of oily waste collected and managed as a result of filter processing ..... <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....		
9. Description of oily waste management <u>Oily rags and pads sent to safety kleen facility to be recycled</u>		

# DIRECTIONS FOR SECTION C

## Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55- gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

**For assistance with this form, please contact the Used Oil Coordinator at 850-245-8707.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Linda Weal
Guy Hurley, LLC	PHONE (A/C, No, Ext): (248) 519-1429
989 E. South Boulevard	FAX (A/C, No): (248) 519-1401
Suite 200	E-MAIL ADDRESS: lweal@ghbh.com
Rochester Hills MI 48307	
INSURED	INSURER(S) AFFORDING COVERAGE
Alta Equipment Group, Inc., Alta Enterprises LLC	INSURER A: The Charter Oak Fire Insurance Company
Alta Construction Equipment Florida, LLC	INSURER B: Travelers Prop Casualty Co of America
13211 Merriman Road	INSURER C: Travelers Indemnity Company
Livonia MI 48150	INSURER D: Federal Insurance Co.
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 23-24 Auto Liab Only

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Coverage Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLSA-9P530178	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TC2J-CAP-9P53018A-TIL-23	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP-4T161936	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 20,000,000
D	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			9365-0224	4/1/2023	4/1/2024	AGGREGATE \$ 20,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-1T476990	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C			Y	UB-1T476001	4/1/2023	4/1/2024	
B	Inland Marine			QT-630-2S673685	4/1/2023	4/1/2024	Leased/Rented \$2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of Subrogation applies in favor of Department of Environmental Protection for Workers' Compensation when required by written contract; unless prohibited by specific state law

## CERTIFICATE HOLDER

## CANCELLATION

Department of Environmental Protection  
2600 Blairstone Rd  
Mail Station 4560  
Tallahassee, FL 32399-6516

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard McGregor/WEAL

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