



# 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

06/06/2024  
Jorge Correa,  
Alta Construction Equipment Florida LLC  
5210 Reese Road  
Davie, FL 33314

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 for reports for Alta Construction Equipment Florida LLC located at **5210 Reese Rd, Fort Lauderdale, FL 33314-1205**

DEP/EPA Identification Number: **FLR000007708**

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=FLR000007708](https://fldeplc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000007708) .

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,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg  
Environmental Manager  
Waste Compliance Assistance Program

ME ID: 7960, Email Address: [jorge.correa@altg.com](mailto:jorge.correa@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 FDEP Official Use Only)

DIVISION OF WASTE MANAGEMENT  
'24 APR 12 AM 10:43:59

EPA ID:

F L R 0 0 0 0 0 7 7 0 8

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\*:

- ☐ 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 Equipment Florida LLC.

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

Physical Street Address\*:

5210 Reese Road

☐ Vessel

City or Town:

Davie

State:

FL

Zip Code:

33314

County\*:

Broward 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\*:

Jorge

Last Name\*:

Correa

Title\*:

Operations Manager

Phone Number\*:

786-459-6547

Extension\*:

N/A

Fax\*:

N/A

E-Mail\*:

Jorge.correa@altg.com

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

City or Town\*:

State\*:

Zip Code\*:

Country (if not USA):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                               |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------|-----------------------|
| <b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | EPA ID No.* <b>FLR000007708</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*:<br><b>Store Master Funding IV, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | Date became Owner*: ____/____/____<br><input type="checkbox"/> New Owner   mm   dd   yy       |                       |
| Street or P.O. Box (or same address box is checked)*: <b>8501 E. Princess Dr. Ste.190</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Phone Number*: <b>480-256-1190</b>                                                            |                       |
| City or Town*:<br><b>Scottsdale</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State*:<br><b>AZ</b> | Zip Code*:<br><b>85255</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*: ____/____/____<br><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>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                               |                       |
| <ul style="list-style-type: none"> <li>- 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</li> <li>- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or</li> <li>- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.</li> </ul> |                      |                                                                                               |                       |
| <input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                               |                       |
| <ul style="list-style-type: none"> <li>- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;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.</li> </ul>                                                                                                                                                                                  |                      |                                                                                               |                       |
| <input checked="" type="checkbox"/> <b>c. Very Small Quantity Generator (VSQG):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                               |                       |
| <ul style="list-style-type: none"> <li>- 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.</li> </ul>                                                                                                                                                                                                                                                                                                                    |                      |                                                                                               |                       |
| <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-CommercialSpecify: ☐ 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** ☐

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 4 of 10

|                                                              |                               |
|--------------------------------------------------------------|-------------------------------|
| <b>Hazardous Waste Transporter and Academic Laboratories</b> | EPA ID No.*      FLR000007708 |
|--------------------------------------------------------------|-------------------------------|

**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 \_\_\_\_\_

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**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.)]:

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**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.]

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**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

**Used Oil and Hazardous Secondary Material**

EPA ID No.\*

FLR000007708

**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.).

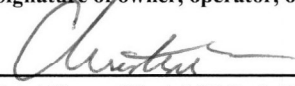
☒ The used oil annual report is attached

☐ 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EPA ID No.*      FLR000007708                          |
| <b>18. Comments</b> (attach a page if more space is needed):<br><br><div style="border: 1px solid black; height: 150px; margin-top: 5px;"> <p>Corporate office located at 8418 Palm River Road, Tampa, FL 33619</p> </div>                                                                                                                                                                                                                                                                                                                     |                                                        |
| <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"/> <b>I certify as a Used Oil Transporter</b> 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><br>                                                                                                                                                                                                                                                                                                                                                                                    | <b>Date Signed (mm-dd-yyyy):</b><br>04-09-2024         |
| <b>Print Name (First, Middle Initial, Last):</b><br>Christhe K Miller                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Title:</b><br>Director of EHS                       |
| <b>Organization:</b><br>Alta Construction Equipment Florida LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Used Oil</b> <input checked="" type="checkbox"/>    |
| <b>Email:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |
| <b>Signature of owner, operator, or an authorized representative:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date Signed (mm-dd-yyyy):</b><br>                   |
| <b>Print Name (First, Middle Initial, Last):</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Title:</b><br>                                      |
| <b>Organization:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used Oil</b> <input type="checkbox"/>               |
| <b>Email:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |
| <b>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |
| _____<br>Brennen Orr<br><small>(Name of person completing this form)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____<br>248-794-3457<br><small>(Phone Number)</small> |
| _____<br>brennen.orr@altg.com<br><small>(E-mail Address)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |

|                                                                                                                                                                                  |                 |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|
| <b>Addendum A: LQG Consolidation of VSQG Hazardous Waste</b>                                                                                                                     |                 | EPA ID No.*<br><b>FLR000007708</b> |
| <b>Only fill out this form if:</b><br>• You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed. |                 |                                    |
| <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.*                                                                                                                                                                                                                                                         |                                   | FLR000007708 |  |
| <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<br><input type="checkbox"/> Tank Cleanouts<br><input type="checkbox"/> Short-term construction or demolition<br><input type="checkbox"/> Equipment maintenance during plant shutdowns<br><input type="checkbox"/> Other _____                                                                                                                                                                                     |  |  |  | <input type="checkbox"/> Accidental spills<br><input type="checkbox"/> Production process upsets<br><input type="checkbox"/> Product recalls<br><input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.)<br><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                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                                                                                                                                                                                     |                                   |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                                                                                     |                                   |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                                                                                     |                                   |              |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Addendum C: Notification of Hazardous Secondary Material Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EPA ID No.*<br>FLR000007708                                    |                                                              |                                                                                              |                                                                                                            |
| <b>Only fill out this form if:</b> <ul style="list-style-type: none"> <li>You are or will be managing excluded hazardous secondary material (HSM) in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) or have stopped managing excluded HSM in compliance with the exclusion(s) for at least one year. <u>Do not include any information regarding your hazardous waste activities in this section.</u> Note: if your facility was granted a solid waste variance under 40 CFR 260.3 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulation and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.</li> </ul> |                                                                |                                                              |                                                                                              |                                                                                                            |
| You must submit a completed 8700-12FL, including this Addendum, prior to operating under the exclusion(s) and by every <b>March 1 of each even-numbered year</b> to the department pursuant to 40 CFR 260.42. If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must again submit a completed 8700-12FL, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.                                                                                                                                                                          |                                                                |                                                              |                                                                                              |                                                                                                            |
| <b>1. Indicate reason for notification. Include dates where requested.</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Notifying that the facility will manage hazardous secondary material as of (mm/dd/yyyy) _____.<br/> <input type="checkbox"/> Re-notifying that the facility is still managing hazardous secondary material.<br/> <input type="checkbox"/> Notifying that the facility has stopped managing hazardous secondary material as of (mm/dd/yyyy) _____.         </div>                                                                                                                                                                                                                        |                                                                |                                                              |                                                                                              |                                                                                                            |
| <b>2. Description of hazardous secondary material (HSM) activity.</b> Please list the appropriate codes and quantities in <b>short tons</b> to describe your hazardous secondary material activity ONLY (do not include any information regarding your other hazardous wastes in this section). Use additional pages if more space is needed.                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                              |                                                                                              |                                                                                                            |
| <b>a. Facility Code</b><br>(answer using codes listed in the Code List section of the instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>b. Waste code(s) for hazardous secondary material (HSM)</b> | <b>c. Estimated short tons of HSM to be managed annually</b> | <b>d. Actual short tons of HSM that was managed during the most recent odd-numbered year</b> | <b>e. Land-based unit code</b><br>(answer using codes listed in the Code List section of the instructions) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                              |                                                                                              |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                              |                                                                                              |                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                              |                                                                                              |                                                                                                            |
| <b>3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H.</b> (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25))<br>Y <input type="checkbox"/> N <input type="checkbox"/> Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                              |                                                                                              |                                                                                                            |
| <b>4. Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous waste constituents.</b><br>Y <input type="checkbox"/> N <input type="checkbox"/> Does the product of your recycling process has levels of hazardous waste constituents. <b>(Comment Required)</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                                              |                                                                                              |                                                                                                            |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                              |                                                                                              |                                                                                                            |

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

DIVISION OF WASTE MANAGEMENT  
'24 APR 8 AM 10:27:38

**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 5210 Reese Rd, Davie, FL 33314  
(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:

| <u>EPA/DEP I.D. No.</u> | <u>Name</u> | <u>Physical Address</u> |
|-------------------------|-------------|-------------------------|
| <u>FLR000007708</u>     |             |                         |

Alta Construction Equipment Florida LLC

5210 Reese Rd, Davie, FL 33314

(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 TC2JCAP9P53018ATIL23, issued on 04/01/2024.  
(date)

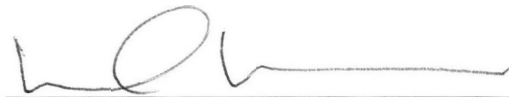
The effective date of said policy is 04/01/2024 and the expiration date of said policy is 04/01/2025.  
(date)

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 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, 2023 through December 31, 2023

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: 5210 Reese Road, Davie, FL 33314

3. Telephone No: (954)-361-7641 ☐ Check box if any of the above items (1-3) have changed since your last registration.

4. EPA ID No. FLR000007708 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          | 5,770      | 0     | 5,770 |
| 0          | 0          | 0     |       |
|            |            |       | 0     |
|            |            |       | 5,770 |

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 |
|----------|--------------|
| 5,470    |              |
|          |              |
|          |              |
|          |              |
|          |              |
|          |              |
|          |              |
| 5,470    |              |
| 300      |              |

### 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 .....                                                                                                           |  | 35       |              |
| 2. Number of used oil filters collected .....                                                                                                                   |  | 9,500    |              |
| 3. Total number of used oil filters to manage (Line 1 plus Line 2) .....                                                                                        |  | 9,535    |              |
| 4. Disposition of used oil filters collected:                                                                                                                   |  |          |              |
| a. Transferred to another registered facility .....                                                                                                             |  | 8,000    |              |
| b. Burned for energy recovery at a Waste-To-Energy facility .....                                                                                               |  |          |              |
| c. Transferred directly to a metal foundry for recycling .....                                                                                                  |  |          |              |
| d. TOTAL .....                                                                                                                                                  |  | 8,000    |              |
| 5. End of year, on hand estimate (Line 3 minus Line 4d) .....                                                                                                   |  | 1,535    |              |
| 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 klean facility to be recycled</u>                                                  |  |          |              |

### DIRECTIONS FOR SECTION C

#### Conversion Table

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