

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

06/10/2024 Vincent Skreba, HSE Director South Oper Cummins Inc - Fort Myers 5125 Highway 85 Atlanta, GA 30349-5976

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 **Cummins Inc - Fort Myers** located at **2671 Edison Ave, Fort Myers, FL 33916-5305**

DEP/EPA Identification Number: FLD982159162

Your facility status is the following: Closed/Moved.

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://fldeploc.dep.state.fl.us/www RCRA/Reports/handler results.asp?epaid=FLD982159162.

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us

Sincerely,

Tyloney Nolonal From

Jeff Grega

Environmental Manager

Waste Compliance Assistance Program

ME ID: 59113, Email Address: Vincent.Skreba@cummins.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 MANA "24 APR 8 AM10:25:41

EPA ID:	F	L	D 9	8	2	1	5	9	9 1	6	2	-1-	use the instruction datory fields	ons do	ocument to complete this form
1. Reason fo	r Su	bmit	tal: (all s	ubmitt	ers m	ust co	mplete	e paş	ges 1 an	d 2 ar	nd sign	page 7. Pag	ges 3 through 6 - comp	plete as	applicable)
Mark 'X' in the correct b	ox*:	ļ	To obt	tain a	new I	EPA I	D nu	mbe	er (for l	hazaro	dous wa	aste, univer	sal waste, used oil act	tivities,	or PCW activities).
(must choose		Γ	To pro	ovide	upda	ted in	ıforma	atio	n for ar	n EPA	A ID n	umber (to	update status and faci	ility ide	entification information).
if a notification	on)	[X To pr	ovide	the f	inal i	nform	aatic	on for a	ın EP	'A ID r	number (c	losing). (see instruction	ons—m	ust complete pages 1, 2, 3, 7)
		[To ob	otain r	iew o	r upd	ating	an I	EPA II) nun	nber fo	or conduct	ing Electronic Man	nifest B	Broker activities.
		[Subm	itting	new	or re	vised	noti	ificatio	n for	Part A	for perm	itted facilities.		
FL Registrat	ion(s)	U	W M	ercur	y (se	e page	e 4))	[HV	V Transpo	orter (see page 5)		Used Oil (see page 6)
2. Facility or	Busii	ness N	lame:*												
							CU	JMN	MINS	INC	C F	ORT M	YERS		
3. Facility Phy	sical	Loca	tion Info	rmati	ion: (No P.	O. Box	xes)	1						
Physical Street	t Add	ress*:							267	1 E[DISO	N AVE			Vessel
City or Town:										-			State:	Zip C	Code:
		2		FOR	t M	IYEI	RS						FL		33916
County*:				LEE	=					Cou	ıntry (if	not USA)	:		
4. Facility or I	Busin	ess M	lailing Ad	ldres	s:										
Same addr	ess as	s # a	above or*	·:											
CI: T											GHW	VAY 85	10.14		70 - 110 A
City or Town ³	·:		ATLAN	NTA					Sta	ite*: G	te*: Zip/Postal Code*: Country (if not USA): GA 30349			Country (if not USA):	
5. Facility Nor	th A	meric	an Indus	try C	lassif	licati	on Sy	ster	m (NAI	ICS)	Code(s)*: (at l	east 5 digits)		
A. <u>8</u>	1 _	1 1	1 1	(re	quire	d)					B.			_ _	
c.		_ _									D.				
6. Facility or l	Busin	ess R	.CRA Co	ntact	Pers					as#	4 abo	ove or:			
First Name*:	VI	NCE	ENT			Last	t Nam	ıe*:	SKR	₹EB	A		Title*: HSE D	IREC	CTOR SOUTH
Phone Number	*:	678	8-294-4	1418	}	Exte	ension	n*:					Fax*:		
E-Mail*:															
Street or P.O.	Box (or san	ne address	s box	is che	ecked	l)*:				VII	NCENT	.SKREBA@C	UMN	IINS.COM
City or Town*	:									State	*:		Zip Code*:		Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notificat	ion	EPA ID No.*	FLD982159162		
7. Real Property (FL Land) Owner of the Facility's Physical Location (List addition	nal owners in	the comments second	tion.)		
Name of Owner*:	Date bed	came Owner*: _1	12 / 09 / 202		
SUNSTATE PALM PROPERTIED LLC		New Owner m			
Street or P.O. Box (or same address box is checked)*: 19111 PEACEFUL STREAM	Phone N	Number*:	703-542-5290		
City or Town*: LEESBURG State*: VA	Zip Code	le*: 20176	Country (if not USA):		
E-Mail*: RUDY@SPEECHTECHS	SYSTEM	S.COM			
Owner Type*: X Private Federal Municipal State County	Other				
Comments:					
8. Facility Operator (List additional Operators in the comments section). Same address as	# above	or:			
Name of Operator*:	Date be	ecame Operator*:	01 / 01 /2016		
CUMMINS INC		New Operator	mm dd yy		
Street or P.O. Box (or same address box is checked)*: 500 JACKSON STREE	T Phone N	Number*:	678-294-4418		
City or Town*: COLUMBUS State*: IN	Zip Cod	de*: 47202	Country (if not USA):		
E-Mail*: VINCENT.SKREBA@CL	JMMINS.	.COM			
Operator Type*: X Private Federal Municipal State County	Other		_		
CORPORATE ADDRESS INCLUDES 60805					
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' i	n all that	apply):			
(1) Generator of Hazardous Waste					
Yes X No (This does not include Universal Waste or Used Oil)					
If YES, Choose only one of the following three categories.					
a. Large Quantity Generator (LQG):					
- Generates in any calendar month (includes quantities imported by imp	porter site)	1,000 kilograms	or greater per month (kg/mo)		
(2,200 lbs/mo.) of non-acute hazardous waste; or					
- Generates in any calendar month, or accumulates at any time, more the					
 Generates in any calendar month, or accumulates at any time, more the material. 	an roo kg/n	no (220 lb/illo) o	acute nazardous spin cicanup		
b. Small Quantity Generator (SQG):					
- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill					
cleanup material.					
c. Very Small Quantity Generator (VSQG):	coute hazarı	doug weste and/o	or 1 kg (2.2 lbs) or less of acute		
hazardous waste.	 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. 				
In addition, indicate other generator activities that apply.					
d. Short-Term Generator (one-time, not on-going)					
e. Mixed Waste (hazardous and radioactive) Generator					
f. United States Importer of hazardous waste					
g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Per	son pursuan	nt to 40 CFR 262.	.17(f). (Addendum A Required)		
h. Episodic: Not lasting more than 60 days: SQGLQG (Addendum B Red	quired)				
i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use E		-	em to obtain, complete, and		
transmit an electronic manifest under a contractual relationship with a hazardous waste generator.					

RCRA	A Hazardous	Waste Status	s Notification or C	Out of Business N	lotification	EPA ID	No.* FLD982159162
9. R	CRA Haza	rdous Wast	e Activities at th	is Facility cont	inued: (Mark 'X		
(4) (5) (6) (7)	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: Postelosure or Corrective Action Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Stores prior to recycling Does not store prior to recycling. Note: A permit maybe required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption (5) Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control (8) Recognized Trader—Mark all that apply a. Importer b. Exporter						
	Import a. 1 b. 1 Waste Code	er/Exporter of importer Exporter es for Federa	ally Regulated F	Iazardous Was	tes*: List the waste		nazardous wastes handled at
						s, F007, K019, P012, U or an additional page i	f 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. (11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):						
	Central A Facility C Closure Date (1) Exp (2) Req (3) Date	ccumulation And Closed (Completes: ected closure data uesting new closure:	ete this section only i	f <u>all</u> business activit	ties at this facility hav (date in mm/dd/yyy(date in mm. te in mm/dd/yyyy) in 40 CFR 262.17(a)(yy) /dd/yyyy)	
(C		Not in complia	ance with the closure	e performance stand	ards in 40 CFR 262.17(a)(ards in 40 CFR 262.1	7(a)(8)	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*	0982159162						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):							
A. Federal Notification							
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of a of UW accumulated (at any one time)	any combination						
Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals							
d. Mercury Containing Devices e. Mercury Containing Lamps Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.	Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a UW.						
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification							
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW one time)	(at any						
	Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])						
C. Florida Annual Mercury Handler Registration:							
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3.,F.A.C. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.							
(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler for-hire Activities Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached							
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one– time \$1,000 fee+						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)						
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Ist Annual Registration Annual Renewal Annual Required							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo	Fop Bulb Crusher(s).						
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62]	2-740.300(5)1 F.A.C.						

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*	FLD982159162
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	to register your H	W Transporter activities)
Transporters of and Transfer Facilities for Hazardous Waste in the State of F renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.17 Transporters and transfer facilities may only begin operations after receiving approval from Generators who transport waste only within the boundaries of their facility sh	70(2)(a) is required a the Department.	as part of this registration.
Generators who transport waste only within the boundaries of their facility sh	louiu ivo i registe	TIII DUX 14.A DEIUW.
A. HW Transporter Registration Information (must be completed annually	y and when this inf	formation changes)
This form is: Initial Registration Renewal Notification of c	changes Canc	eel Registration
1. For own waste only		
2. For commercial purposes		
3. Both commercial and own waste		
4. Transportation Mode Air Rail Highway Water Oth	her - specify	
B. HW Transfer Facility Registration Information (must be completed an	nnually and when t	this information changes)
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in It	tem 3) Storage Volu	ime
This form is: Initial Registration Renewal Notification of c	changes Canc	el Registration
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	de 62-730.171, F.A.C	C., and Rule 62-730.182, F.A.C.
The Transfer Facility records required under the provisions of Rule 62-730.171 Our mailing (business) address The site (facility) a		pt at (check one):
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tr		
	TITI	
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.)]:	Waste Transfer Fac	
C. The following items are required to be submitted with the initial notification for a transubmitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative		changed items must be
Certification by a responsible corporate officer of the transporter facility that the prop Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	osed location satisfie	es the criteria of
_Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3	., F.A.C.]	
_A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4	., F.A.C.]	
_A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]		
_A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]		
A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]		
15. Eligible Academic Entities with Laboratories—Notification for optical laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K	ng into or withd	rawing from managing
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man	nagement of hazard	ous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible acader	mic entities. Mark a	all that apply:
 a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation ag c. Non-profit Institute that is owned by or has a formal written affiliation ag 		-
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous	s wastes in laborato	ories

Used Oil and Hazardous Secondary Material	EPA ID No.*	FLD982159162					
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that app	ply)						
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> 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 c	hanges 🗵 Cance	el Registration					
If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environme	ental Protection is enclosed.					
(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 of	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 within their own company. 	s transporting UO fron	n noncontiguous operations					
UO transporters transporting off-site over public highways only within their ow	n company must subn	nit proof of insurance.					
 UO transporters transporting more than 500 gallons/year must submit proof of it submission as a certified used oil transporter in section 19 (except those exempt 	•						
The used oil annual report is attached Evidence of Liability Insurance pursua	ant to 62-710.600(2)(e	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 wi under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required		ardous secondary material					
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)							

Required signature page		EPA ID No.*	FLD982159162		
18. Comments (attach a page if more space is needed):					
SITE CLOSED 3/31/2024					
19. Certification: I certify under penalty of law that this document and accordance with a system designed to assure that qualified personnel presubmitted is, to the best of my knowledge and belief, true, accurate, and false information, including the possibility of fine and imprisonment for	roperly gather and e d complete. I am aw	valuate the information	on submitted. The information		
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C					
Signature of owner, operator, or an authorized representative:	Date Signed (mm				
V. 61	04-03-	2024			
Print Name (First, Middle Initial, Last):	Title:				
VINCENT SKREBA	HSE DII	RECTOR SOUT	H OPERATIONS		
Organization:	Used Oil				
CUMMINS INC					
Email:					
VINCENT.SKREBA@					
Signature of owner, operator, or an authorized representative:	Date Signed (mm	-da-yyyy):			
Print Name (First, Middle Initial, Last):	Title:				
Organization:	Used Oil				
Email:					
If the person that filled in this form is not the Facility Contact or Operation	ator, please comple	ete the information b	pelow:		
(Name of person completing this form) (Phone Number)		(E-mail Address)			

Addendum A: LQC	G Consolidation of VSQG Haza	EPA ID No.*	FLD982159162	
Only fill out this form	ı if:			
You are the LQG	receiving hazardous waste from VS	SQGs under the control of the same p	person. Use additiona	al pages if more space is needed.
VSQG 1	New	Update		Delete
A. EPA ID Number	(if assigned)	B. Facility Name		
C. Facility Street Addr	ress	I		
D. City		E. State	F. Z	Cip Code
G. Contact Phone Num	nber	H. Contact Name	1	
I. Contact Email		I		
VSQG 2	New	Update		Delete
A. EPA ID Number ((if assigned)	B. Facility Name	,	
C. Facility Street Addr	ess			
D. City		E. State	F. Z	Cip Code
G. Contact Phone Num	ber	H. Contact Name		
I. Contact Email		I		
VSQG 3	New New	Update		Delete
A. EPA ID Number ((if assigned)	B. Facility Name		
C. Facility Street Addre	ess	1		
D. City		E. State	F. Z	ip Code
G. Contact Phone Num	ber	H. Contact Name	I	
I. Contact Email				

Addendum B: Episodic Generator					EPA ID No.*	FLD982159162	
 Only fill out this form if: 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. 							
Episodic Event							
A. Planned	and the second s		B. Uı	nplanned	y		
Excess chemi	cal inventory removal		A	ccidental sp	ills		
Tank Cleanou	its		☐ P	roduction pr	ocess upsets		
Short-term co	nstruction or demolition		☐ P	roduct recal	s		
Equipment ma	aintenance during plant sl	nutdowns	<u> </u>	Acts of natur	re" (Tornado, Hurr	ricane, Flood, etc.)	
Other			По	Other			
C. Emergency Contac				gency Contac			
E. Beginning Date	(mm	/dd/yyyy)	F. End D	ate	(mm	/dd/yyyy)	
Waste 1							
G. Waste Description			H. Estimated Quantity (in pounds)				
I. Federal Hazardous W	aste Codes				7		
Waste 2						•	
G. Waste Description				H. Estimated Quantity (in pounds)			
I. Federal Hazardous W	aste Codes						
Waste 3	Waste 3						
G. Waste Description					H. Estimated Qu	uantity (in pounds)	
I. Federal Hazardous W	aste Codes						

Addendum C: Notifi	cation of Hazardous Secondary Ma	EPA ID No.*	EPA ID No.* FLD982159162			
Only fill out this form if: 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. Do not include any information regarding your hazardous waste activities in this section. 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.						
You must submit a completed 8700-12FL, including this Addendum, prior to operating under the exclusion(s) and by every March 1 of each even-numbered year 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.						
Notifying that the facility will manage hazardous secondary material as of (mm/dd/yyyy) Re-notifying that the facility is still managing hazardous secondary material. Notifying that the facility has stopped managing hazardous secondary material as of (mm/dd/yyyy)						
2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in short tons 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.						
a. Facility Code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)		
3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25)) Y Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?						
4. Notifying under 40 YN N	CFR 260.43(a)(4)(iii) that the product Does the product of your recycling product					
Comments:						

JOB



		e Center Suite 2 MI 48243 32-4016	2600	ATTENTION RE: Notification of W	/aste Activity 8700-12FL
TO Flo	rida DEP				
Wa	ste Management I	Division HW	RS, MS4560		
260	00 Blair Stone Rd	To the second second			
Tal	lahassee, FL 3239	9-2400		<u> </u>	
WE ARE SE	ENDING YOU 🛛 🗸	Attached	☐Under separate cover	⊠ VIA USPS	the following items:
	Shop Drawings	☐ Prints	☐ Plans	☐ Samples	☐ Specifications
	Copy of letter	☐ Change o	rder		
COPIES	DATE	NO	0500 1057 5	DESCRIPTION	
1		-	8700-12FL Cummin	ns Inc. Ft Myers	
THESE ARE	TRANSMITTED as	s checked be	low:		
☐ For appro			ception Taken" as submitted	☐ Resubmit	copies for approval.
☐ For your u			ception Taken" as noted	Submit Su	copies for distribution
☐ As reques	ited	☐ Return	ed for corrections	Return	corrected prints.
☐ For review	v and comment				
☐ FOR BIDS			20	PRINTS RETURNED AFT	ER LOAN TO US
KEMAKI	X.S				
COPY TO	CSSNA			SIGNED	
	1			Ivy Miller	

DATE 4-3-2024