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

November 08, 2024

Christy Calcagno
LEI Inc
11441 Fontana Lane
Independence, LA 70443

Re: Florida Hazardous Waste Transporter Approval

Dear Christy Calcagno:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171 of Chapter 62-730, Florida Administrative Code, https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-730 . Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if you insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occured, you can meet this requirement by submitting a certificate of liability coverage form.

2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.

3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.

4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.

5. A copy of the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

6. RENEWAL DATE: If you are also a registered used oil handler, you must submit the 8700-12FL – Florida Notification of Regulation Waste Activity [Form 62-730.900(1)(b)] and evidence of casualty/liability insurance by **March** 1 of each year, with your annual used oil registration. If you are not a registered used oil handler, you must submit these documents by **September 1** of each year.

If you intend to operate a hazardous waste transfer facility, please contact the department. This letter does not authorize you to operate a hazardous waste transfer facility. Please refer to Form 8700-12FL, page 5, item 14.C. for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C.

If you have any questions, please contact me at 850/245-8778.

Sincerely,

Susan L Horlick

Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section

SH
Enclosures: Hazardous Waste Transporter Approval Certificate
Insurance Verification

FLORIDA DEPARTMENT OF Environmental Protection

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2600 Blair Stone Road
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****

HAZARDOUS WASTE TRANSPORTER
CERTIFICATE OF APPROVAL

****

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: LEI Inc

FACILITY ID NO: LAR000055467

FACILITY ADDRESS: 11441 Fontana Lane
Independence, LA 70443

EXPIRATION DATE: November 30, 2025

APPROVED TRANSFER FACILITY: NO

Susan L Horlick

APPROVAL ISSUED BY: _____ DATE: November 08, 2024
Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section
850/245-8778

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 OCT 1 AM10:25:37

EPA ID: L A R 0 0 0 0 5 5 4 6 7

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

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

Mark 'X' in the correct box*: (must choose one if a notification)

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

FL Registration(s) ☒ UW Mercury (see page 4) ☒ HW Transporter (see page 5) ☐ Used Oil (see page 6)

2. Facility or Business Name:*

LEI, INC.

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

Physical Street Address*: 11441 FONTANA LANE ☐ Vessel

City or Town:	State:	Zip Code:
INDEPENDENCE	LA	70443

County*:	Country (if not USA)*:
TANGIPAHOA	

4. Facility or Business Mailing Address:

☐ Same address as #__ above or*:

PO BOX 550

City or Town*:	State*:	Zip/Postal Code*:	Country (if not USA):
INDEPENDENCE	LA	70443	

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

A. 5 6 2 1 1 2 (required)	B.
C.	D.

6. Facility or Business RCRA Contact Person: ☒ Same address as # 4 above or:

First Name*:	Last Name*:	Title*:
CHRISTY	CALCAGNO	DIRECTOR OF BUSINESS

Phone Number*:	Extension*:	Fax*:
985-878-8210	222	985-590-5141

E-Mail*: CCALCAGNO@LEIRECYCLE.COM

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

City or Town*:	State*:	Zip Code*:	Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No.* LAR000055467

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

Name of Owner*:		Date became Owner*: 07 / 02 / 21 mm dd yy ☐ New Owner	
LEI, INC., a MAX Environmental Holdings Company			
Street or P.O. Box (or same address box is checked)*: PO BOX 550		Phone Number*: 985-878-8210	
City or Town*: INDEPENDENCE	State*: LA	Zip Code*: 70443	Country (if not USA):
E-Mail*: NA			
Owner Type*: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other			
Comments:			

8. Facility Operator (List additional Operators in the comments section). Same address as #_7_ above or:

Name of Operator*:		Date became Operator*: 06 / 01 / 05 mm dd yy ☐ New Operator	
LEI, INC.			
Street or P.O. Box (or same address box is checked)*:		Phone Number*: 985-878-8210	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*: NA			
Operator Type*: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other			
Comments:			

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

(1) Generator of Hazardous Waste

☐ Yes ☒ 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 importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or
- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or
- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.

☐ **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):**

- 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 Person pursuant to 40 CFR 262.17(f). **(Addendum A Required)**
☐ **h.** Episodic: Not lasting more than 60 days: ☐ SQG ☐ LQG **(Addendum B Required)**
☐ **i.** Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.

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

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

(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-Commercial TSD
- ☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)

Specify: ☐ Commercial ☐ Non-Commercial

Specify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.
Note: A permit maybe required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities
Choose this management activity ONLY if you attach
EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

(6) ☐ Receives Hazardous Waste from Off-Site

(7) ☐ Underground Injection Control

(8) ☐ Recognized Trader— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

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

- ☐ a. Importer
- ☐ b. Exporter

10. Waste Codes for Federally Regulated Hazardous Wastes*:

List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
D001	D002	D003	D004	D005	D006	D007
8	9	10	11	12	13	14
D008	D009	D010	D011	U151		
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 <u>all</u> 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** ☐

Universal Waste Notification and Mercury Transporter/Handler Registration	EPA ID No.*	LAR000055467

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 any combination of UW accumulated (at any one time)**

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.

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) accumulated (at any one time)

☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])

☐ Florida Universal Pharmaceutical Waste (**UPW**) Transporter

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

☐ 1st 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 ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one– time $1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ☐ 1st Annual Registration ☐ Annual Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities:
OUT-OF-STATE TRANSPORTER

☐ We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW)** ☐ **Recovery** ☒ **Transport** [62-740 F.A.C.]
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.* LAR000055467

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

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

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

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

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

☐ 1. For own waste only

☒ 2. For commercial purposes

☐ 3. Both commercial and own waste

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

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

☐ **This facility is a Hazardous Waste Transfer Facility:** **(as listed in Item 3)** Storage Volume _____

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

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

The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):
☐ Our mailing (business) address ☐ The site (facility) address

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

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

C. The following items are required to be submitted with the initial notification for a **transfer facility** and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :

__Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

__Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

__A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

__A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

__A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

__A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

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

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

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

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

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

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

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

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

☐ If applicable, a check or money order, in the amount of $100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)

☐ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

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

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

(4) ☐ Used Oil Re-refiner **(A permit is required.)**

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

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

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

☐ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

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

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

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

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

- ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

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

17. Notification of Hazardous Secondary Material (HSM) Activity

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

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

Required signature page	EPA ID No.* LAR000055467

18. Comments (attach a page if more space is needed):

19. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

☐ **I certify as a Used Oil Transporter** that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy): 09-27-2024
Print Name (First, Middle Initial, Last): CHRISTY CALCAGNO	Title: DIRECTOR OF BUSINESS SERVICES
Organization: LEI, INC.	Used Oil ☐
Email: CCALCAGNO@LEIRECYCLE.COM	

Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-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 Operator, please complete the information below:

(Name of person completing this form) _____ (Phone Number) _____ (E-mail Address) _____

Addendum A: LQG Consolidation of VSQG Hazardous Waste	EPA ID No.* LAR000055467

Only fill out this form if:

- You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1	☐ **New**	☐ **Update**	☐ **Delete**
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			

VSQG 2	☐ **New**	☐ **Update**	☐ **Delete**
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			

VSQG 3	☐ **New**	☐ **Update**	☐ **Delete**
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			

Addendum B: Episodic Generator	EPA ID No.* LAR000055467

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	B. Unplanned
☐ Excess chemical inventory removal	☐ Accidental spills
☐ Tank Cleanouts	☐ Production process upsets
☐ Short-term construction or demolition	☐ Product recalls
☐ Equipment maintenance during plant shutdowns	☐ "Acts of nature" (Tornado, Hurricane, Flood, etc.)
☐ Other _____	☐ Other _____
C. Emergency Contact Phone	D. Emergency Contact Name
E. Beginning Date _____ (mm/dd/yyyy)	F. End Date _____ (mm/dd/yyyy)

Waste 1

G. Waste Description	H. Estimated Quantity (in pounds)

I. Federal Hazardous Waste Codes

Waste 2

G. Waste Description	H. Estimated Quantity (in pounds)

I. Federal Hazardous Waste Codes

Waste 3

G. Waste Description	H. Estimated Quantity (in pounds)

I. Federal Hazardous Waste Codes

Addendum C: Notification of Hazardous Secondary Material Activity	EPA ID No.* LAR000055467

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.

1. Indicate reason for notification. Include dates where requested.

☐ 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☐ N☐ Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?

4. Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous waste constituents.

Y☐ N☐ Does the product of your recycling process has levels of hazardous waste constituents. **(Comment Required)**

Comments:

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

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

1. ASPEN SPECIALTY INSURANCE COMPANY
(Name of Insurer)

(the "Insurer"), of 499 WASHINGTON BLVD, 8TH FL, JERSEY CITY, NJ 07310
(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

LEI, INC
(Name of Insured)

(the "Insured"), of 11441 FONTANA LANE, INDEPENDENCE LA 70443
(Physical Address of Insured)

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

EPA/DEP I.D. No.	Name	Physical Address
LAR000055467	LEI, INC	11441 FONTANA LANE, INDEPENDENCE, LA

(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 $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ER00MKX24, issued on 07/01/2024 (date).

The effective date of said policy is 07/01/2024 (date) and the expiration date of said policy is 07/01/2025 (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_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

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.

Peter Bakker Digitally signed by Peter Bakker
Date: 2024.09.30 09:40:33 -04'00'

(Signature of Authorized Representative of Insurer)

PETER BAKKER

(Typed name)

VICE PRESIDENT-NEW YORK TERRITORY MANAGER

(Title)

Authorized Representative of

ASPEN SPECIALTY INSURANCE COMPANY

(Name of Insurer)

499 WASHINGTON BLVD, 8TH FL
JERSEY CITY, NJ 07310

(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

DIVISION OF WASTE MANA
'24 OCT 1 AM10:25:40

September 27, 2024

Florida Department of Environmental Protection
Waste Management Division – HWPP, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: Hazardous Waste Transporter Permit Renewal
Facility ID No: LAR000055467

To Whom It May Concern:

I have enclosed the Hazardous Waste Transporter Permit Renewal packet for LEI, Inc., as our current permit is scheduled to expire on November 30, 2024. Please be advised that an updated Form 62-730.900(5)(a) has been previously mailed to your department with original signatures. We have also included a photocopy of the signed form for your reference.

If you have any questions or need any additional information, please feel free to contact me.

Sincerely,

Christy Calcagno
Director of Business Services
LEI, Inc.
985-878-8210 ext 222
985-590-5141 fax
ccalcagno@leirecycle.com
www.leirecycle.com