

FACILITY NAME _____ FL _____ ISSUE DATE _____
FDEP USE ONLY ISSUED BY _____
DATE RECEIVED _____
NOT VALID AFTER _____
PROCESSED BY _____
COUNTY _____

APPLICATION FOR A HAZARDOUS WASTE EMERGENCY EPA/DEP IDENTIFICATION NUMBER

Complete the following information, make sure the form is signed by the generator, and send the original form to the Hazardous Waste Compliance/Enforcement Section at the appropriate Florida Department of Environmental Protection (FDEP) district office. Type or legibly write the information in ink.

Emergency I.D. numbers are generally issued only in the following circumstances, pursuant to Rule 62-730.161, Florida Administrative Code (F.A.C.):

1. Emergency situations (e.g. spills);
2. Cleanup of an abandoned site;
3. One-time cleanup of a site that does not normally generate hazardous waste and will not foreseeably generate hazardous waste in the future.

If the Department issues an emergency EPA/DEP I.D. number, **you must submit legible copies of all signed and returned manifests** to the Hazardous Waste Compliance Section of the FDEP District office that issued the number within 45 days of the last shipment of hazardous waste. If you generate more than 1000 kilograms of hazardous waste in a calendar month, you must submit a biennial report as described in Rule 62730.160(5), F.A.C.

If you need an emergency EPA/DEP I.D. number for an emergency response situation, call the FDEP district office with the information requested on this form and a number will be issued as quickly as possible

IMPORTANT: THE EMERGENCY EPA/DEP I.D. NUMBER IS NOT VALID BEYOND 60 DAYS OF THE ISSUE DATE. [62-730.161(4)(d), F.A.C.]

A. Situation:

Person Requesting I.D.
Number: _____

Briefly describe the situation and state why you need an emergency EPA/DEP I.D. number:

B. Hazardous Waste Information:

(1) Waste
Description: _____

(2) Fill in the table with the waste code(s) and amount(s), including the unit of measurement

| EPA Waste Codes | Manifested Amount | UOM |
|-----------------|-------------------|-----|
| | | |
| | | |

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| | | |

C. Generator Information:

(1) Facility for which I.D. number is requested (must be generation point):

(a) Facility Name: _____

(b) Physical Address: _____

City: _____ State: _____ Zip: _____

(c) Phone Number: _____

(d) Contact Person: _____ E-Mail _____

(2) Mailing Address (if different from above):

(a) Name: _____

(b) Address: _____

City: _____ State: _____ Zip: _____

D. Shipment Information:

(1) Transporter Name: _____

Transporter EPA I.D. _____

(2) Designated TSD Facility: _____

TSDF EPA I.D.: _____

CERTIFICATION

I hereby certify that I am an authorized employee of the generator, and that the information in this application is correct and complete to the best of my knowledge. I further certify that the emergency EPA/DEP I.D. number shall be used only for the above hazardous wastes and their shipment unless I obtain prior FDEP approval to do otherwise. I shall send a copy of the manifest to FDEP within 45 days of the last shipment of hazardous wastes. I certify that the situation described in Section A is true. I understand that submission of false or incorrect information or use of the emergency EPA/DEP I.D. number beyond 60 days from the date of issuance may result in enforcement action.

Signature Date

Name (please print or type) Telephone