



**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**  
DEP Waste Management Division HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

Date Received:  
(for DEP Form 12FL-001)

EPA ID: **FLR000138941**

Reason for Submission: Check correct box:  
☒ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).  
☐ To provide **subsequent notification** (to update status and facility identification information).

Facility or Business Name: **Frontier Lighting** January 1, 2000

Facility Operator: Name of Operator: **Jeff McManus** ☒ New Operator  
Date became Operator: **7/1/1987**  
Street or P.O. Box: **3090 Palmetto Street** Phone Number: **(927) 447-7674**  
City or Town: **Clearwater** State: **FL** Zip Code: **33765**  
Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

Facility Physical Location Information: Physical Street Address: **Same**  
City or Town: State: Zip Code:  
County: Land Type: ☒ Private ☐ Federal ☐ Municipal  
☐ State ☐ Other  
Latitude: Longitude: Method: Datum:

Facility North American Industry Classification System (NAICS) Code(s): A. **483110** B. C. D.

Facility Mailing Address: Street Address or P.O. Box: **Same**  
City or Town: State: Zip Code:

Facility Contact Person: First Name: **Jeff** Last Name: **McManus** Title: **President**  
Phone Number: **(927) 447-7674** Extension: **111** E-Mail: **chubbuck**  
Street or P.O. Box: **3090 Palmetto St**  
City or Town: **Clearwater** State: **FL** Zip Code: **33765**

Real Property Owner of the Facility: Name of Real Property Owner: **Same** ☐ New Owner January 1, 2000  
Date became Owner: **1/1/00**  
Physical Location: Street or P.O. Box: Phone Number:  
City or Town: State: Zip Code:  
Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

## 9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

## A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

## 1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste
- ☐ b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100 kg/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
- ☐ c. Conditionally Exempt SQG (CESQG):  
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. United States Importer of hazardous waste
- ☐ e. Treated Waste (hazardous and radioactive) Generator

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

3. ☐ Recycler of Hazardous Waste (at your facility) Specify:  
☐ Commercial; ☐ Non-Commercial. Note: A hazardous waste permit may be required for this activity

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 Conditionally Exempt Waste generated at other facilities - (Check for management activity ONLY if you attach EIT form a copy of your application for such authorization OR the authorization you received from FDEP)

6. ☐ Underground Injection Control

7. ☐ Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☐ b. For Commercial Purposes

## c. Hazardous Waste Transporter Insurance Information:

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone: \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration date: \_\_\_\_\_

- d. Transportation Mode: ☐ Air; ☐ Rail; ☐ Highway; ☐ Water; ☐ Other - specify \_\_\_\_\_

- e. ☐ Hazardous Waste Transfer Facility - Storage Volume \_\_\_\_\_

## B. Universal Waste Activities:

1. Indicate types of universal waste generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

Generate Accumulate

- |                                   |                          |                                     |
|-----------------------------------|--------------------------|-------------------------------------|
| a. Batteries                      | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Pesticides                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Mercury Containing Thermostats | <input type="checkbox"/> | <input type="checkbox"/>            |
| d. Mercury Containing Lamps       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Mercury Containing Devices     | <input type="checkbox"/> | <input type="checkbox"/>            |
| f. Other (specify) _____          | <input type="checkbox"/> | <input type="checkbox"/>            |
| g. Other (specify) _____          | <input type="checkbox"/> | <input type="checkbox"/>            |

2. Total quantity of universal waste on site at any time:

- ☐ a. 5,000 kg or more; Large Quantity Handler (LQH)
- ☐ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- ☒ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☐ Destination Facility for Universal Waste

Note: For this activity, a facility must treat, dispose or recycle a universal waste. A facility must either have a hazardous waste permit or recycle the universal waste without storing it.

EPA ID No.

**2. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):****6. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☐ a. Transporter  
☐ b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)**

- ☐ a. Processor  
☐ b. Re-refiner

**3. ☐ Off Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner  
☐ b. Marketer who first claims the used oil meets the specifications

**5. ☐ Used Oil Generator****D. Other State Regulated Waste Activities:****1. ☐ Used Oil Filter Handler****2. ☐ PCW Handler**

These activities may require additional submissions.

**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, U112).  
 Hazardous waste transporters list codes **routinely** or **usually** transported. Use 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
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

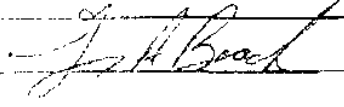
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.  
☐ 2. Waste generated by business has been delisted.  
☐ 3. Other (explain) \_\_\_\_\_

**B. Facility Closed**

- ☐ 1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**☐ C. Property Tax Default****☐ D. Petition for Bankruptcy Protection****12. Comments:**

**13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	Gary A. Bach, President	6/14/2007

**14. Additional Comments**

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: