

Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

06/05/2007

Gary Bach
Frontier Lighting
2090 Palmetto St
Clearwater, FL 33765-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **2090 Palmetto St, Clearwater, FL 33765-2134** has been registered with the following status:

Facility ID # **FLR000138941**
Transporter of Universal Waste Lamps
Small Quantity Handler Facility for Universal Waste Lamps
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

This registration is valid through **March 1, 2008**. The registration form for the year **2008** registration will be sent to the contact person indicated on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

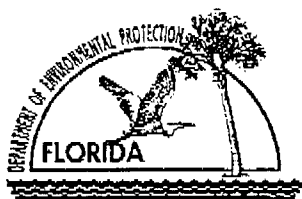
This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of the information for your facility on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me in writing at Mail Stop 4555 at the letterhead address above. For further assistance, please contact me at (850)245-8707 or Internet email at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



Department of Environmental Protection

Twin Towers Office Building
2800 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form #	62-737.900(1)
Form	Mercury Containing Lamp/Device Transporter and Storage Facility Registration Form
Effective Date	May 20, 1998

RECEIVED

MAR 2 2007

Universal Waste Lamp and Device Transporter and Handler Facility Registration Form and Instructions

For registration period from January 1, 01 through December 31, 07

Pursuant to Rules 62-737.400 and 62-737.710, Florida Administrative Code (F.A.C.), persons/businesses that transport, store or sponsor a reverse distribution program for universal waste lamps or devices destined for recycling must register with the Department (DEP) using this form before transporting, storing or collecting such lamps or devices. (See "Who Must Register" on the back of this form.)

Part I: Registration Status: ☒ New ☐ Renewal

Registration No. _____

Part II: Business Information:

DEP/EPA ID No. (if applicable) _____

1. Business name: Frontier Lighting FEID Number: 59-2767499

2. D.B.A. (Doing Business As): _____ Telephone No.: () _____

3. Mailing address: 2090 Palmetto Street
City Clearwater State FL Zip 33765

4. Street address: Same
City _____ County _____ State _____ Zip _____

5. Name of Installation's Legal Owner: Gary Bach & Jeff McManus
Mailing Address: 2090 Palmetto Street
City Clearwater State FL Zip 33765

Part III: Type of Activity - Check all boxes which apply to your universal waste lamp and device activity(ies).

1. ☐ Transporter: ☒ Lamps ☐ Devices

A 10-day transfer facility will also be operated at this location: ☐ Yes ☐ No Any storage off transport vehicle? ☐ Yes ☐ No

2. ☐ Handler Facility (Submit one form for each separate handler facility location): ☐ Lamps ☐ Devices

☒ Small Quantity (less than 2,000 kilograms of lamps (< 8,000) or 100 kilograms of devices)

☐ Large Quantity (2,000 kilograms or more of lamps (≥ 8,000) or 100 kilograms (kg) or more of devices)

Operational Plan Included: ☐ Yes ☐ No Closure Plan (with financial assurance mechanism) Included: ☐ Yes ☐ No

DEP Only: Registration Fee (\$1,000) Received ☐ Yes ☐ No ☐ NA Amount Received _____ Check # _____

3. ☐ Reverse Distribution (RD) Program (Attach program description including names/addresses of all participating facilities):
☒ Small Quantity (less than 5,000 kg of lamps (20,000) or devices) ☐ Large Quantity (5,000 kg or more of lamps or devices)

Part IV: Certification: I hereby affirm that (1) I understand the Chapter 62-737, F.A.C. provisions that apply to my operations; (2) I understand that spent lamps and devices that are stored at or transported to facilities not operating in accordance with Chapter 62-737, F.A.C., are subject to 40 CFR 262.11 and all other applicable state and federal regulations including Rule 62-701.300, F.A.C.; (3) employees handling or transporting lamps and devices are trained in the proper handling and emergency cleanup and containment procedures applicable to their transport or handling; and (4) emergency procedures will be kept at my business location and (for transporters only) on each transport vehicle, or (for reverse distribution programs only) as otherwise allowed under this Chapter. To the best of my knowledge and belief I certify, under penalty of perjury, that the information provided on this form is true, accurate, and correct. I have attached all documents and/or authorizations that are required.

Gary Bach
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

2/27/07
Date

71238



**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: **2090 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: 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. **443110** 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: **jmc@frontierlighting.com**
Street or P.O. Box: **2090 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
Date became Owner: **January 1, 2000**
Physical Location: Street or P.O. Box: Phone Number:
City or Town: State: Zip Code:
Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

8. 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. Mixed 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, P007, 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**

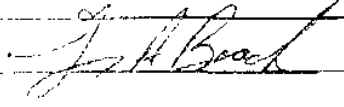
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- ☐ 2. Waste generated by business has been delisted.
- ☐ 3. Other (explain): _____

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: