



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blirstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

10/31/2007

Leonard Lee, Manager
Regency Lighting
2416 Lake Orange Dr Suite 140
Orlando, FL 32837-7812

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you have been issued the following identification number for the facility located at **2416 Lake Orange Dr, Orlando.**

FLR000142802

Your facility status is the following:

Conditionally Exempt SQG

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE TRANSPORTERS AND TSDs.

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 82340
Email Address: leonard.lee@regencylighting.com

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

OCT - 2 2007

EPA ID



MTS

RCRA Info

**1. Reason for
Submittal**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).**2. Facility or Business Name**

Regency Enterprises, Inc. d.b.a. Regency Lighting

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

Regency Lighting

☒ New OperatorDate became Operator: 9 / 01 / 07
mm dd yy

Street or P.O. Box:

16665 Arminta Street

Phone Number:

(800) 284-2024

City or Town:

Van Nuys

State:

CA

Zip Code:

91406

Operator Type:

☒ Private☐ Federal☐ Municipal☐ State☐ Other**4. Facility Physical
Location
Information**

Physical Street Address:

2416 Lake Orange Drive, Ste 140

City or Town:

Orlando

State:

FL

Zip Code:

32837

County:

Orange

Land Type: ☒ Private☐ Federal☐ Municipal☐ State ☐ Other

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

423610

B.

C.

D.

**6. Facility Mailing
Address**

Street Address or P.O. Box:

Same

City or Town:

State:

Zip Code:

**7. Facility Contact
Person**

First Name:

Leonard

Last Name:

Lee

Title:

Manager

Phone Number:

(800) 284-2024

Extension:

3571

E-Mail:

leonard.lee@regencylighting.com

Street or P.O. Box:

2416 Lake Orange Drive, Ste 140

City or Town:

Orlando

State:

FL

Zip Code:

32837

**8. Real Property
Owner of the
Facility's
Physical Location**
(List additional
real property owners
in the comments
section.)

Name of Real Property Owner:

Liberty Property Trust

☐ New OwnerDate became Owner: ____ / ____ / ____
mm dd yy

Street or P.O. Box:

2400 Lake Orange Drive, Ste 110

Phone Number:

(407) 447-1776

City or Town:

Orlando

State:

Zip Code:

32837

Owner Type:

☒ Private☐ Federal☐ Municipal☐ State☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:****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 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
- ☒ 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

For Items 2 through 7, check all that apply.

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 this management activity **ONLY** if you attach **EITHER** 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)**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input checked="" 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.

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. 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) _____

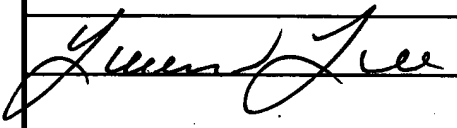
B. Facility Closed

- ☐ 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:**

Regency Lighting is a Lighting Distributor who chooses to become a Small Quantity Handler of UW in order to provide an additional service for our National Accounts by partnering with Veolia in picking up containers of UW and storing them in our facility. Veolia will in turn pick the containers up from Regency and perform necessary procedures for recycling.

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)
	Leonard Lee	10-01-2007

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: