



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

12/02/2009

Kevin McCoshen
Luminaire Environmental and Technologies ETC
14930 28th Ave N
Plymouth, MN 55447-4823

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 has been registered through **March 1, 2010** with the following status:

Facility ID # **MNS000148908**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2010** will be sent to the contact person 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 your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

EPA ID **MNS 000 148908**

MTS

RCRA Info

1. Reason for
Submittal

Mark 'X' in
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).

☐ Is this the **final notification** (see instructions) for the facility?

NOV 19 2009

DEP 82111

2. Facility or
Business Name

**LUMINAIRE ENVIRONMENTAL AND
TECHNOLOGIES (ETC)**

FEID No.

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

Name of Operator:

Luminaire Etc

☒ New Operator

Date became Operator: **9/1/09**
mm dd yy

Street or P.O. Box:

14930 28th Ave N Ste B

Phone Number:

763-244-3444

City or Town:

Plymouth

State:

MN

Zip Code:

55447

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

14930 28th Ave N Ste B

City or Town:

Plymouth

State:

MN

Zip Code:

55447

County:

Hennepin

If available, please attach a map or sketch of the facility boundaries.

Latitude:

dd mm ss.ssss

Longitude:

dd mm ss.ssss

Method:

Datum:

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

A.

MNO3

B.

1009

C.

2009

D.

UNIVERSAL WASTE

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

14930 28th Ave N

City or Town:

Plymouth

State:

MN

Zip Code:

55447

7. Facility or
Business Contact
Person

First Name:

Kevin

Last Name:

McCoshen

Title:

Operation

Phone Number:

763-244-3444

Extension:

E-Mail:

kmccoshen@luminaire.com

Street or P.O. Box:

14930 28th Ave N

City or Town:

Plymouth

State:

MN

Zip Code:

55447

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

Name of Real Property (Land) Owner:

Copperwood

☐ New Owner

Date became Owner: **1/1/**
mm dd yy

Street or P.O. Box:

15600 37th Avenue

Phone Number:

763-230-7911

City or Town:

Plymouth

State:

MN

Zip Code:

55447

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**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 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, mark 'X' in 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.

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

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is 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 Conditionally Exempt 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) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(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 DEP 11111111Expiration date 12/31/2011d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: Storage Volume _____**Initial notification**

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

- ☐ Certification by a responsible corporate officer of the transporter 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'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.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated

Small Quantity Handler (SQH) = always less than 5,000 kg accumulated

Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler

Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler

Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

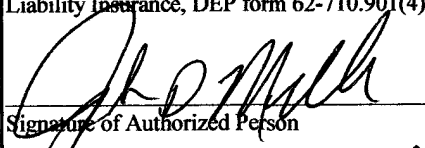
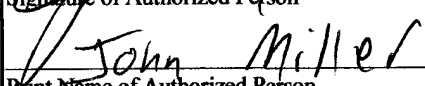
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

[Note: 4 lamps = 1 kg, 62-737.200(10)]

Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated

Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated

Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000 lbs
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6000 lbs
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6000 Lamps
(3) Mercury Recovery and/or Reclamation Facility <input type="checkbox"/>			Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]	
(4) Reverse Distributor of UW <input type="checkbox"/>		Pharmaceuticals <input type="checkbox"/>	Lamps <input type="checkbox"/>	Devices <input type="checkbox"/>
(5) Destination Facility for UW <input type="checkbox"/>		Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.		
C. Used Oil Activities : (1) Used Oil Transporter - indicate type(s) of activity(ies): <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility (2) <input type="checkbox"/> Collection Center (3) <input type="checkbox"/> Used Oil Processor (A permit is required for this activity.) (4) <input type="checkbox"/> Off-Specification Used Oil Burner (5) <input type="checkbox"/> Used Oil Fuel Marketer (6) Used Oil Filter <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> c. Processor <input type="checkbox"/> d. End User				(8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.  Signature of Authorized Person  Print Name of Authorized Person
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. <input type="checkbox"/> A check is enclosed.				(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): <input type="checkbox"/> our mailing (business) address <input type="checkbox"/> The site (facility) address

EPA ID No.

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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 all that apply):**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 Form 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. 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 knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed (mm-dd-yyyy)

John Miller

John Miller

11/18/04

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

John Miller
(Name of person completing this form)763-244-3444
(Phone Number)Luminaire ETC
(E-mail Address)**13. Comment**

Luminaire Environmental & Technology Inc.

Luminaire Environmental & Technology Inc.

John D. Miller

14930 28th Ave. N
Plymouth, MN 55446

Main 763-244-3444

Fax: 763-634-8461

Toll Free 1-866-418-0590

Kevin McCoshen

14930 28th Ave. N
Plymouth, MN 55446

Main 763-244-3444

Fax: 763-634-8461

Toll Free 1-866-418-0590



CERTIFICATE OF LIABILITY INSURANCE

OP ID SF
LUMIN-2

DATE (MM/DD/YYYY)

11/18/09

PRODUCER McGovern & Fisher Ins Agency Affiliate of Northern Capital P.O. Box 9396 Minneapolis MN 55440-9396 Phone: 952-996-8818 Fax: 952-829-0482		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Luminaire Environmental & Technology 14930 28th Ave N Ste B Plymouth MN 55447		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Rockhill Insurance Co.	
		INSURER B: National Liability & Fire Ins	
		INSURER C: RTW Inc.	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	RPKGE003511-00	10/07/09	10/07/10	EACH OCCURRENCE \$1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000. MED EXP (Any one person) \$5,000. PERSONAL & ADV INJURY \$1,000,000. GENERAL AGGREGATE \$2,000,000. PRODUCTS - COMP/OP AGG \$2,000,000.
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	73TRS012024	10/07/09	10/07/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	Y/N MNAR-0000019741-1	11/03/09	11/03/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000. E.L. DISEASE - EA EMPLOYEE \$100,000. E.L. DISEASE - POLICY LIMIT \$500,000.
A	Pollution Liab.	RPKGE 003511-00	10/07/09	10/07/10	Aggregate \$2,000,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*10 Day notice for non-payment of premium.

CERTIFICATE HOLDER

Florida Dept. Waste Management Division HWRS, MS4560 2600 Blairstone Road Tallahassee FL 32399	FLORID6
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Joseph R. Walker

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Rockhill Insurance Company
(Name of Insurer)

(the "Insurer"), of 700 W. 47th St. #350 Kansas City, MO 64112
(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

Luminaire Environmental & Technology, Inc.

(Name of Insured)

(the "Insured"), of 14930 28th Ave. N. #B Plymouth, MN 55447
(Address of Insured)

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

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
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(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 RPKGE003511-00 issued on 10/13/2009.
(date)

The effective date of said policy is 10/7/2009 and the expiration date of said policy is 10/7/2010.
(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 _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (date)

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.


(Signature of Authorized Representative of Insurer)

Joseph Walker
(Typed name)

Agent
(Title)

Authorized Representative of

Rockhill Insurance Company
(Name of Insurer)

700 W. 47th St. #350 Kansas City, MO 64112
(Address of Representative)