

#### 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

02/24/2010

Stuart Stapleton EQ Florida Inc 7202 E 8 Ave Tampa, FL 33619-

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 2002 N Orient Rd, Tampa, FL 33619-3356 has been registered through March 1, 2011 with the following status:

Facility ID # FLD981932494

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

The registration form for the year **2011** 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 <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace

**Environmental Specialist** 

Hazardous Waste Management Section

Enclosures



### THE ENVIRONMENTAL QUALITY COMPANY

**EQ FLORIDA, INC.** • 7202 E. 8<sup>TH</sup> AVENUE • TAMPA, FLORIDA 33619 • *TEL* 800-624-5302 • *FAX* 813-628-0842

February 9, 2010



Theresa Sullivan, MS 4550 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-3000

Re: Annual Registration

Dear Ms. Sullivan:

Please find attached a completed Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist along with a completed 8700-12FL Florida Notification of Regulated Waste Activity.

If you have questions or comments concerning this mater, please call me at 813-319-3423.

Sincerely,

Stuart Stapleton EHS Manager

# FLORIDA PROTECTION

### 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 FEB 1 6 1510 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8772

RV RSL

Date Received r FDEP Official Use Only)

EPA ID F L D	9 8 1 9 3	2 4 9 4	MTS	15.511	-	RCRA	info .				
		4 4 8 4									
	Mark 'X' in correct box:	<ul> <li>□ To provide <u>initial nertical nertical nertical management</u></li> <li>□ To provide <u>subsequertical nertical ner</u></li></ul>	ies). update sta	tus and	l facility iden						
2. Facility or Business Name		EQ Florida, Inc	FEID No.  2 0 0 4 1 4 1 5 7								
3. Facility Operator (List additional Operators in the	Name of Operators	EQ Florida, Inc.		☐ New Date be	Opera came (	Operator: _0	12 / 04 / 04 nm dd yy				
comments section).	Street or P.O. Box	7202 Eas	t 8th Avenue		Phone	Number:	813-319-3423				
	City or Town:	Tampa		State:	FL	Zip Code:	33619				
	Operator Type:	Private Federal	Municipal S	State	Other						
4. Facility Physical Location	Physical Street Ad	dress:	2002 Nort	2002 North Orient Road							
Information	City or Town:	Tampa		State:	FL	Zip Code:	33619				
,	County: Hillsbore	ough	If available, ple boundaries.	ase attacl	n a ma	p or sketch (	of the facility				
	Latitude:  2 7  {	5   7     <mark>4   2 , 2"N   Longi</mark> m m s s .ssss	tude:  8   1   2   2     d d m m	2 6. s s . s		Method: Datum:					
5. Facility North Am Classification Syst Code(s)	-	c. 5621	1	B. D.							
6. Facility or	Street Address or	P.O. Box:	7202 Ea	ast 8th	t 8th Avenue						
Business Mailing Address	City or Town:	Tampa		State:	FL	Zip Code:	33619				
7. Facility or Business Contact	First Name:	Stuart	Last Name: S	tapletor	)	Title: EH	S Manager				
Person ·	Phone Number:	813-319-3423	Extension:	E-Mail:	stuar	t.stapleton(	@eqonline.com				
	Street or P.O. Box	•	7202 East	8th Ave	nue						
	City or Town:	Tampa		State:	FL	Zip Code:	33619				
8. Real Property (Land) Owner of the Facility's	•	perty (Land) Owner: EQ Holdings, Inc.			came (	Owner: 02	/02 / 04 dd yy				
Physical Location (List additional	Street or P.O. Box	7202 East	8th Avenue		Phone	Number: 8	313-319-3423				
real property owners in the comments	City or Town:	Tampa		State:	FL	Zip Code:	33619				
section.)	Owner Type: Private Federal Municipal State Other										

	EPA ID No. FLD981932494
. Type of Regulated Waste Activity (Mark 'X' in all tha	t apply):
. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in 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	(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.)
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	(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
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	(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.
In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
	waste only \( \subseteq \text{b. For commercial purposes} \)
Contact Carolyn Buller Policy Number CA755770	Telephone O8-01-2010
d. Transportation Mode  Air  Rail  Highway	
e. Hazardous Waste Transfer Facility:	Storage Volume 20,000 gallons and 100
The following items are required to be submitted we Florida Administrative Code (F.A.C.)]:  □ Certification by a responsible corporate officer of a criteria of Section 403.7211(2), Florida Statutes (□ Evidence of the transporter's financial responsibility □ A brief general description of the transfer facility (□ A copy of the facility closure plan [Rule 62-730.17 □ A copy of the contingency and emergency plan [Rule 62-73 □ Notification of changes in above items ■ Annual update notification	F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]  ty [Rule 62-730.171(3)(a)3., F.A.C.]  operations [Rule 62-730.171(3)(a)4., F.A.C.]  71(3)(a)5., F.A.C.]  ule 62-730.171(3)(a)6., F.A.C.]

	FLD981932494 EPA ID No.						
B. 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 Small Quantity Handler (SQH) = always less than 5,000 kg accurately	•						
Mercury-containing devices LQH = 100 kg (220 lb) or more accommodated Mercury-containing devices SQH = less than 100 kg accumulated							
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	os) or more accumulated by for-hire handler						
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	os) accumulated by for-hire handler						
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$ ]							
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	utical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated						
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	llways 1 kg or less of acutely hazardous UPW accumulated						
(1) For those Managing  Generate/ Accumulate Generate/ (see note in instructions)  Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.						
a. Batteries							
b. Pesticides							
c. Pharmaceuticals							
d. Mercury Containing Devices							
e. Mercury Containing Lamps							
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]						
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices						
(5) Destination Facility for UW  Note: for this activity storage prior to recy	y, a facility must treat, dispose or recycle a UW. A permit is required for cling.						
C. Used Oil Activities:	(8) Specific Certification to be signed by all Used Oil Transporters						
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial						
<ul><li>☑ a. Transporter</li><li>☑ b. Transfer Facility</li></ul>	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						
(2) Collection Center	orginally approved training program, they are explained in attachments to						
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of						
(4) 🔲 Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer	$V_1O_1A_2$						
(6) Used Oil Filter	Market						
b. Transfer Facility	Signature of Authorized Person						
☐ c. Processor	Stuart Stapleton						
d. End User	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,	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):						
payable to Florida Department of Environmental Protection.	✓ Our mailing (business) address						
☐ A check is enclosed.	The site (facility) address						

	THE PROPERTY OF THE PROPERTY O										
	F	PA ID No.	FLD9	81932494							
D. Other State Regulated Waste Activities:			(W) Handler [Cha it may be required to	opter 62-740, F.A.C.] for this activity.							
10. Waste Codes for Federally Regulated Hazardous	s Wastes: List	the waste codes	of the Federal haz	zardous wastes handled at							
your facility. List them in the order they are presented in the r											
Hazardous waste transporters list codes routinely or usually tra	ansported. Use	an additional pag	ge if more spaces a	re needed.							
<sup>7</sup> D001 <sup>2</sup> D002 <sup>3</sup> D003 <sup>4</sup>	D004 5	D005	6 D006	<sup>7</sup> D007							
<sup>8</sup> D008 <sup>9</sup> D009 <sup>10</sup> D010 <sup>11</sup>	D011 12	D012	<sup>/3</sup> D013	D014							
<sup>15</sup> D015 <sup>16</sup> D016 <sup>17</sup> D017 <sup>18</sup>	D018 19	D019	<sup>20</sup> D020	<sup>21</sup> D021							
<sup>22</sup> D022 <sup>23</sup> D023 <sup>24</sup> D024 <sup>25</sup>	D025 26	D026	<sup>27</sup> D027	<sup>28</sup> D028							
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, ☐ (2) Waste generated by business has been delisted. ☐ (3) Other (explain)	•										
B. Facility Closed	· · · · · · · · · · · · · · · · · · ·										
(1) Closed at this location and moved or moving to	o another - subm	it a new Form 8	700-12FL for the n	new location if you will							
be handling regulated waste there.											
			ease provide a con	tact person, mailing							
address, and phone number where you can be re	eached after clos	sing.									
Contact											
Address City, State, Zip											
C. Property Tax Default	D. Petition for	r Bankruptcy I	Protection								
12. Certification: I certify under penalty of law that this do in accordance with a system designed to assure that qualified prinformation submitted is, to the best of my knowledge and bel for submitting false information, including the possibility of fi facility, I am aware that transfer facilities must comply with the	personnel prope lief, true, accura ine and imprisor	rly gather and even, and complete iment for knowing the complete iment for knowing the contract of the contrac	valuate the informate. I am aware that the ng violations. If I leads to the real that the ng violations.	ition submitted. The here are significant penalties have notified as a transfer							
Signature of owner, operator, or an authorized	Prin	t Name and T	itle	Date Signed (mm-dd-yyyy)							
	Stuart Stapleton, EHS Manager 2/9/2010										
If the person who filled in this form is not the Facility Con	ntact or Operat	or, please comp	lete the informati	ion below:							
(Name of person completing this form) (Phon	ne Number)		(E-mail Address)								
13. Comments: SEE ATTACHMENT 1 FOR ADDITIONAL EPA WASTE CODES											



## 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

### UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

FQ Floruda, Inc.	7202 E. 84	Ave. Tampa dress	FL 33619
Facility Name	Street Ad	dress	City and State
813-3/9-3423	813-626-745	1 Stuart. Stup	kton OE Ocaline. Con
Phone	Fax	E-mail	
Section 1: For <u>all</u> transpor Complete all se		facilities (in-state and out ill boxes that apply.	-of-state).
<b>7</b> 1	escent 🗷	HID 🗆	•
Thermomet	mostats Æ Ele ers Æ Ma	ectric Switches/Relays 🛚 Anometers 🛴 Other 1	D
3. Estimated weight of D	EVICES handled o	luring the last calendar y	ear. <u>1,000</u> lb.
4. Estimated <u>number</u> of lamps (L) or devices (D).	-	•	
50,000 3,000	AERC	Milbourne,	FL 800-808-4689
Number LAD K Facili	ty Name	City/State	Phone
Number L 🗆 D 🗆 Facili	ity Name	City/State	Phone
Number LDD Facili	ity Name	City/State	Phone 17/73/09
Print Name of Authorized A	gent Signatu	re of Authorized Agent	'Date'

#### Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

Print Name of Authorized Agent	Signature of Authorized Agent Date
Submitted Previously	Submitted in What Year?
written verification from that e activities as a transporter for un	the following in previous years, please enclose some nvironmental agency that they are aware of your niversal waste lamps and devices in Florida and in your n the form of a letter to you or to the Department, a
Yes	No
•	in your state aware of your activities as a transporter or aste lamps and devices in Florida?

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

#### **QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at <a href="mailto:laurie.tenace@dep.state.fl.us">laurie.tenace@dep.state.fl.us</a>.

Thank you for your cooperation in providing this information.

TransChkl01282009.doc



#### PERMITTED HAZARDOUS WASTE CODES

#### **EQ Florida**

CHARACTERISTIC WAS	E
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D001	D002	D003	D004	D005	D006	D007	D008	D009	D010	D011	D012	D013	D014	D015	D016	: D017	D018	
D019	D020	D021	D022	D023	D024	D025	D026	D027	D028	D029	D030	D031	D032	D033	D034	D035	D036	
D027	D030	DOSO	D040	D044	D042	D042											: "	

#### HAZARDOUS WASTE FROM NON-SPECIFIC SOURCES

F001	F002	F003	F004	F005	F006	F007	F008	F009	F010	F011	F012	F019	F020	F021	F022	F023	F024
F025	F026	F027	F028	F032	F034	F035	F037	F038	F039							• .	

#### **HAZARDOUS WASTE FROM SPECIFIC SOURCES**

K001	K002	K003	K004	K005	K006	K007	K008	K009	K010	K011	K013	K014	K015	K016	K017	K018	K019
K020	K021	K022	K023	K024	K025	K026	K027	K028	K029	K030	K031	K032	K033	K034	K035	K036	K037
K038	K039	K040	K041	K042	K043	K045	K046	K048	K049	K050	K051	K052	K060	K061	K062	K064	K065
K066	K069	K071	K073	K083	K084	K085	K086	K087	K088	K090	K091	K093	K094	K095	K096	K097	K098
K099	K100	K101	K102	K103	K104	K105	K106	K107	K108	K109	K110	K111	K112	K113	K114	K115	K116
K117	K118	K123	K124	K125	K126	K131	K132	K136	K141	K142	K143	K144	K145	K147	K148	K149	K150
K151	K156	K157	K158	K159	K161											1.0	11

### DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION SPECIES, CONTAINER RESIDUES AND SPILL RESIDUES THEREOF

P001	P002	P003	P004	P005	P006	P007	P008	P009	P010	P011	P012	P013	P014	P015	P016	P017	P018	
P019	P020	P021	P022	P023	P024	P026	P027	P028	P029	P030	P031	P033	P034	P036	P037	P038	P039	
P040	P041	P042	P043	P044	P045	P046	P047	P048	P049	P050	P051	P054	P056	P057	P058	P059	P060	
P062	P063	P064	P065	P066	P067	P068	P069	P070	P071	P072	P073	P074	P075	P076	P077	P078	P081	
P082	P084	P085	P087	P088	P092	P093	P094	P095	P096	P097	P098	P099	P101	P102	P103	P104	P105	
P106	P107	P108	P109	P110	P111	P112	P113	P114	P115	P116	P118	P119	P120	P121	P122	P123	P127	
P128	P185	P188	P189	P190	P191	P192	P194	P196	P197	P198	P199	P201	P202	P203	P204	P205		
U001	U002	U003	U004	U005	U006	U007	U008	U009	U010	U011	U012	U014	U015	U016	U017	U018	U019	
U020	U021	U022	U024	U025	U026	U027	U028	U029	U030	U031	U032	U033	U034	U035	U036	U037	U038	
U039	U041	U042	U043	U044	U045	U046	U047	U048	U049	U050	U051	U052	U053	U055	U056	U057	U058	
U059	U060	U061	U062	U063	U064	U066	U067	U068	U069	U070	U071	U072	U073	U074	U075	U076	U077	
U078	U079	U080	U081	U082	U083	U084	U085	U086	U087	U088	U089	U090	U091	U092	U093	U094	U095	
U096	U097	U098	U099	U101	U102	U103	U105	U106	U107	U108	U109	U110	U111	U112	U113	U114	U115	
U116	U117	U118	U119	U120	U121	U122	U123	U124	U125	U126	U127	U128	U129	U130	U131	U132	U133	
U134	U135	U136	U137	U138	U140	U141	U142	U143	U144	U145	U146	U147	U148	U149	U150	.U151	U152	
U153	U154	U155	U156	U157	U158	U159	U160	U161	U162	U163	U164	U165	U166	U167	U168	U169	U170	
U171	U172	U173	U174	U176	U177	U178	U179	U180	U181	U182	U183	U184	U185	U186	U187	U188	U189	
U190	U191	U192	U193	U194	U196	U197	U200	U201	U202	U203	U204	U205	U206	U207	U208	U209	U210	
U211	U213	U214	U215	U216	U217	U218	U219	U220	U221	U222	U223	U225	U226	U227	U228	U234	U235	
U236	U237	U238	U239	U240	U243	U244	U246	U247	U248	U249	U271	U278	U279	U280	U328	U353	U359	
U364	U367	U372	U373	U387	U389	U394	U395	U404	U409	U410	U411							